

Student Health & Registration Form

Name _____

Church Attending With: _____ Leader _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Work Phone () _____ Birthday: / /

Church Attend: _____

Medication _____

Allergies, other Health Information(handicaps, etc.) _____

Date of Last Tetanus Shot _____ Can Student Swim? _____ yes _____ no

Insurance Company _____

Policy # _____

In Case of medical emergency I give permission for the chaperones and leaders of New Camp Ministries to seek medical attention for _____ as needed.

Parent/Guardian _____

I, _____, do hereby give my permission for

_____ to attend New Camp 2024, June 22-27,

2024, at Bryan College, Dayton, Tennessee. I understand that every precaution will be taken for the safety of my child and do hereby release New Camp Ministries, Bryan College, and the camp leaders from all liability.

Signature of parent/guardian

Signature of Notary Notary

Date of Expiration