

# 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 2026, June 20-25, 2026, 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