

InFaith **CAMP VICTORY 2017**

Complete and send this form to **Camp Victory, PO Box 372, Snelling, CA 95369** OR turn over to your local group leader OR scan and email to gregsanders@juno.com.

Camper's Name _____

Check which program in which camper will participate. Programs are simultaneous July 18-23.

____ Varsity Camp (Completing Grades 7 and above)

____ Junior Varsity (Completing grades 3-6)

Circle: Boy or Girl. Age _____ Birthday _____ Phone(_____) _____

Text phone_(_____) _____

Address _____

_____ Zip _____

E-mail contact _____

Parent(s)/Guardians Names _____

Emergency Alternate Contact _____ Emergency Phone __ (_____) _____

Grade next fall _____ One or two friends attending _____

Other family attending _____

Date of last Tetanus shot _____

List allergies to foods, medicines, plants, poison oak, insect bites, or other things.

Please list restrictions or special needs. _____

Describe swimming ability. _____

Doctor or clinic _____ Phone (_____) _____

Insurance Company, phone number, and policy identification numbers

Consent: We understand that every effort will be made to safeguard all campers. Therefore, we agree not to hold Camp Victory, InFaith, or the camp staff responsible for illness or mishap that may occur. Should the camper become involved in conduct requiring discipline, we will support the actions of the camp director and will accept responsibility for payment for damaged property or for sending a youth home for misbehavior. Permission is hereby granted for first aid, hospitalization, or medical treatment (including major surgery) should any injuries, illness or accident occur while at camp or traveling to or from it. We give permission for Camp Victory and InFaith and affiliated organizations to use photographs and videos taken during camp for print, video, and/or web applications. We release InFaith and its affiliated organizations and their leaders of any and all liability. We also give permission to use photos taken at camp for publication.

Signature of parent X _____ Date _____

I will cooperate with workers at Camp Victory and realize that failure to do so may result in my going home early from camp.

Signature of camper X _____ Date _____

Because campers come to camp with prescription drugs, we must require that the directions on the prescription match the request of how the parents want the drug given. If you have been given different instructions by the doctor that are not on the prescription bottle, you must have the doctor send a written change in the instructions.

We will require a separate health form for each person at camp.

On the back please write names of non-prescription medications that you would NOT want your child to receive.