

Camp Araminta Registration Form

July 28th - August 2nd, 2008

Child's Name: _____

Date of Birth: _____ Age (as of 7/27): _____

Gender: M F Entering Grade: 4 5 6 7 8 (circle)

T-Shirt Size: Adult S Adult M Adult L Adult XL (circle one)

Address: _____

Home Phone: _____ E-mail: _____

Mother's Name: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____

Work Phone: _____ Cell Phone: _____

Special Needs: _____

MEDICAL RELEASE*

Allergies: _____

Height: _____ Weight: _____ Social Sec. Number: _____

Insurance Company: _____

Policy #: _____ Group #: _____

Name of Insured: _____

Physician Name: _____

Address: _____

Emergency contacts

Contact Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Contact Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

I **DO** / **DO NOT** (circle one) give permission for my child to receive Tylenol for headaches, body aches, etc. Dosage: _____

I understand that every effort will be made to contact me if my child should need emergency treatment. In the event that I cannot be reached, I give my permission for the camp staff to seek and authorize medical care for my child.

Photos of our campers & counselors will be taken to commemorate our time and activities during the week. Some photos may be used in future publications, advertisements for camp and/or slide shows at the end of the week.
If you do **NOT** want us to use your child's photograph, please sign here:

Signed: _____

Signed: _____

If you have any questions, please contact Page Curry at St. Peter's Anglican Church, 901 Thomasville Road, Tallahassee, FL 32303. Call her at (850) 701-0664 or e-mail to pcurry@saint-peters.net.
Cost for Camp Araminta is \$350.00. \$100.00 is due with this registration form. The remaining \$250 is due by June 29th, 2008. Please make checks payable to "Anglican Alliance of North Florida" and send to the attention of Page Curry at the above address.

* A Camp Physical form from your child's physician is needed for participation in our camp. Please contact his/her doctor directly to request one.