



**Camp P82 is for children ages 8-13. We will not take children under the age of 8.**

Please Choose one date for camp:

**Girls:**

June 17-21 \_\_\_\_\_ July 22-26 \_\_\_\_\_

**Boys:**

June 24-28 \_\_\_\_\_ July 8-12 \_\_\_\_\_

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade going into: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Phone Number: \_\_\_\_\_

Guardian Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you attend a church regularly, please provide the name of the church below. If not, leave blank: (This helps us with follow up with our campers throughout the school year.) \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Allergies (Wasp, bee sting, food, etc.): \_\_\_\_\_

Epi Pen: yes / No

Please list any other medical problems (ex. Diabetes, ADHD, asthma, etc.) \_\_\_\_\_

\_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_





**Medications:**

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

This health history is correct to the best of my knowledge and the person herein described is fit to engage in all the prescribed activities except as noted: \_\_\_\_\_

Release: I do hereby release Camp P82, and its staff and officers from any liability in the case of an accident, illness, or injury during my participation at camp, whether such occurs on or off camp property. I authorize any medical treatment that may be needed for the camper listed on this form.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation needed:** Yes / No

\*We will check all campers prior to entering cabins for head lice. If found with head lice, they will be treated and their laundry will be washed.

If for any reason you do not want your child's picture used in promotional and sponsorship material, sign here: \_\_\_\_\_

I/ We, the undersigned, understand that while attending Camp P82, of Rocky Mount, MO, the below named child may be involved in various activities, including and not limited to swimming, boating, fishing, archery, and other traditional camp activities. I/We have familiarized myself with these programs and activities, the physical terrain, and have reviewed the written materials provided by the camp including but not limited to the camp flyer. In consideration of Camp P82, allowing the child to attend the camp for the periods specified above and to participate fully in said activities. I understand and accept the risks and dangers involved in such activities and do hereby release Camp P82 and its officers and directors, its employees, agents and the camp staff, from any and all claims, demands, actions, causes of actions of any sort, for injuries or death sustained by myself or the child, whether such injury occurs on or off the camp property. I have instructed my son/daughter to obey the rules of Camp P82. I give permission for medical treatment which any be needed for their welfare.

**I have read and understood the forgoing permission form:**

Print full name of legal guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please mail form to:                      Camp P82                      27407 Montrose Dr.                      Rocky Mount, MO 65072