



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 18-22 _____ July 16-20 _____

Boys:

June 25-29 _____ July 23-27 _____

Camper Name: _____ Age: _____ Grade going into: _____

Guardian Name: _____

Guardian Phone Number: _____

Guardian Mailing Address: _____

City: _____ State: _____ Zip Code: _____

T-Shirt Size: Youth Med. Youth Large Adult Small Adult Med. Adult Large Adult X-Large

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.) _____

Has your child ever been treated for head lice in the last month? Yes / No

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



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

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: _____

Return To:

Camp P82

27407 Montrose Dr.

Rocky Mount, MO 65072