



Christian Mothers & Maidens Inspired by Titus

Camp COMMIT! Application

June 20-27, 2009

Camper's Full Name _____ Birth Date: _____

Address _____ City/State/Zipcode _____

Camper's Email address _____

Parent's Email address _____

Church Name _____ Grade just completed _____

Parents' Names/Guardian _____

Home Phone _____

Work Phone _____

Cell Phone _____

Other Phone _____

Emergency Contact/Relationship _____

Emergency Phone _____

Please explain why you would like to attend this camp?

What does "beauty" mean to me? _____

SHIRT SIZE (required) Youth S M L Adult S M L XL XXL

As a camper at Camp COMMIT!, I have read and agree to obey ALL of the rules of camp. I am available and want to attend the full week of camp June 20-27, 2009.

Camper Signature _____

Date: _____

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Camper's Full Name _____ Birth Date: _____

Family Medical Insurance

Name: _____ Policy number _____

Family Doctor: _____ Doctor's Phone: _____

Medical Information

Hay Fever Yes No Asthma Yes No Insect Stings Yes No

Heart Ailment Yes No Diabetes Yes No Poison Ivy Yes No

Penicillin okay? Yes No Epilepsy Yes No

Date of last tetanus _____ Other _____

Current Medication (must remain with director during camp) _____

Allergies to Medicine? Yes No If yes, list: _____

Food Allergies? Yes No If yes, list: _____

** I give permission for Camp COMMIT! Staff to transport my child to camp activities, to include worship services and community service projects. (Please check and initial) yes () No () _____*

** I give my permission for photographs or video footage of my child (child's name) _____ to be used by Camp COMMIT! for promotional, documentation, website (no names will be included), and/or scrapbooking purposes. (please check and initial) yes () no () _____*

** In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to secure treatment for, hospitalize, and order injections, anesthesia, or surgery for my child, (child's name) _____.*

** The information provided above is correct to the best of my knowledge. My daughter has permission to engage in all camp activities, except as noted. I have read the camp rules and agree that my daughter will abide by them.*

Parent/Guardian Signature: _____ Date: _____

Camp use only

Date received: _____

Confirmation sent: _____

Feel free to make copies of this form

1. Fill out the application (both pages)
2. Sign it (camper and parent)
3. Send application to:

Wendy King
6009 Buffalo Ridge Rd
Earlysville, VA 22936