Do not mail back.
Bring to Camp.

Amount Paid $_____

Amount Due $ _____

2010 INDIAN SPRINGS HOLINESS CAMP MEETING

Youth Registration, Medical Release & Information Form

This form must be completed by:

- All Campers who register to stay in the dormitories regardless of your age.
- All Campers who participate in supervised recreation regardless of your age.
- All Campers over 18 years of age and still on their parents' insurance - a parent must complete this form.

Name: _____ _____ _____**Age:** _____ **Sex: M F Date:** _____
First Last

Address: _____**City:** _____**State:** _____ **Zip:** _____

Dormitory Registration ($15 per Day). Indicate the days you plan to spend the night and/or eat a meal in the Cafeteria:

July 8	July 9	July 10	July 11	July 12	July 13	July 14	July 15	July 16	July 17	July 18
Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Parental Consent:

I give permission for my child to attend Indian Springs Holiness Camp Meeting. I understand that if my child is covered by health insurance coverage, the information must be shown below.

Should the need arise, I give permission for my child to be taken to a doctor/hospital for medical treatment and authorize the Holder of this form to consent to treatment.

I hereby release and agree to indemnify Indian Springs Holiness Camp Meeting from any and all liability for injury arising out of my child's participation in this camp meeting.

I have read the above, understand it fully and sign it voluntarily. **E-Mail:** _____

Parent's Signature: _____ **Date:** _____

Please List All Phone Numbers:

(h) _____**(w)** _____ **(c)** _____

Camper's Physician: _____ **Office Phone:** _____

Church Affiliation: _____ **Pastor's Name** _____

Church Phone #: _____ **Church Address:** _____

City/State/Zip: _____

List below any allergies to medication or other problems of which the adult in charge should be made aware:

List all medications presently being taken: _____

HEALTH INSURANCE: Company Name: _____ Policy # _____

Phone # to obtain Pre-certification #: _____ Phone # to verify Benefits: _____

To contact Tommy Padget: (229) 883-4968 (h) (229) 883-3500 (w) (229) 888-6595 (f)
Tommy.Padgett@InvestFinancial.com Camp Phone Number (only during camp) (770) 775-3377 Tommy's Cell: (229) 255-9709