

Camper Application and Parental Permission Form

July 10--July 16, 2011

(Please Copy As Needed)

Camper's Name _____
Last
First
MI

Address _____
Street
City
State

_____ / _____
Zip
County
Home phone #
Cel phone #

Male ___ Female ___
Birth date
Age

Parent or Guardian _____

Address (if not as above) _____

Home Phone _____ Business/Cel Phone _____

First year camper yes ___ no ___ T-shirt size _____

Previous party affiliation: Federalist ___ Nationalist ___

How did you first hear about Camp Lincoln? _____

EMERGENCY INFORMATION

Contact Person(s) _____

Emergency Phone Number(s) _____

CAMP FEE \$ 250.00 Check ___ Cash ___ Other ___
 Make checks payable to **CAMP LINCOLN**

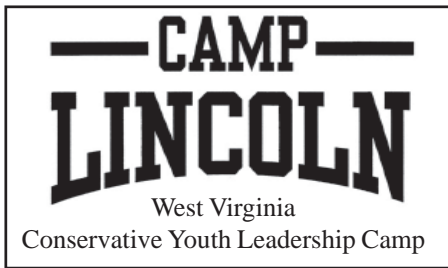
SPONSOR INFORMATION (If applicable) _____
Name

_____ Address/ photo

CAMP FEE OR SPONSOR INFORMATION IS DUE WITH THIS APPLICATION

I give permission for my child (ward) to attend Camp Lincoln _____
Signature of Parent or Guardian

Please Return with Application to: Pam Stevens, 219 Mason Dr., Lewisburg, WV 24901



PERSONAL HEALTH AND MEDICAL HISTORY

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To be Completed by Parent or Guardian and returned to
Camp Doctor or Nurse at Registration

Name _____ Birth Date _____ Age _____ Sex _____

Name of Parent or Guardian _____ Telephone # _____

Home Address _____ City _____ State _____ Zip _____

If above person is not available in the case of an emergency, notify:

Name _____ Relationship _____ Telephone _____

Name of personal doctor _____ Telephone _____

Health/accident Insurance carrier _____ Policy/Patient No. _____

Check items that apply, past or present, to your health history. Explain any "yes" answers. Use additional sheets if necessary.

ALLERGIES: Food, medicines, insects, plants: Yes () No () Explain _____

GENERAL INFORMATION:		Yes	No	Yes	No	Yes	No
Asthma	() ()	Diabetes	() ()	High Blood Pressure	() ()		
Heart Trouble	() ()	Kidney Disease	() ()	Convulsions/seizures	() ()		
Hemophilia	() ()	Other	() ()				

Explain: _____

List any medications to be taken while at camp _____

Date _____ Signature of Parent or Guardian X _____

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child (or for me, if an adult).

Please Return with Application to: Pam Stevens, 219 Mason Dr., Lewisburg, WV 24901