

Arkansas Youth Camp 2017
June 12 – 16
Camper Registration Form

Please complete and return this form with the registration fee of \$170.00 to:

Arkansas Youth Camp
P.O. Box 22374
Hot Springs, AR 71903

Camper Information:

Name: _____ Nickname: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): (____) ____ - _____ (____) ____ - _____

Gender: Male _____ Female _____

Age at Camp: _____

T-Shirt Size:

Youth Size: Small _____ Med _____ Lg _____

Adult Size: Small _____ Med _____ Lg _____ X-Lg _____ XX-Lg _____ XXX-Lg _____

Emergency Contact: _____ Emergency Phone: (____) ____ - _____

Medical Information:

Allergies: _____

Special Diet/Food: _____

Medications: _____
(List for emergencies. Note: All medications are administered by the Camp Nurse.)

Medical Insurance Co.: _____ Policy Number: _____
(Please attach a photo copy of the insurance card covering the camper.)

Emergency Medical Consent and Release:

I authorize the staff of Arkansas Youth Camp to arrange emergency medical care to preserve the health and well-being of the above mentioned camper if needed. I release Arkansas Youth Camp staff and the faculty from any liability from any such decision or injury that occurs during camp. I further agree to assume responsibility for any cost associated with medical care.

Parent/Guardian Signature: _____ Date: _____