

Arkansas Youth Camp 2017

Vacation Bible School

June 13 – 15 9AM-12PM

Camper Registration Form

*****Ages 3-9. Parent/Guardian MUST be on campus during VBS. Any VBS campers staying overnight MUST be accompanied overnight by a Parent/Guardian.*****

There is no charge for daytime VBS campers. Cost for overnight VBS campers is \$170.
Please complete and return this form to:

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

Parent/Guardian Information:

Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

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

VBS Camper Information:

Name: _____

Gender: Male _____ Female _____

Age at Camp: _____

T-Shirt Size:

Youth Size: Small _____ Med _____ 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: _____