

**Sample Registration Form – Adult w/med**  
**PLEASE PRINT ALL INFORMATION**

First & Last Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Vegetarian? Yes \_\_\_\_\_ No \_\_\_\_\_

Other dietary restrictions/allergies? \_\_\_\_\_

We require a \_\_\_\_\_ non-refundable deposit.

Make checks payable to \_\_\_\_\_

\_\_\_\_\_ Payment enclosed      Amount \_\_\_\_\_

\_\_\_\_\_ Charge my     Visa     MasterCard     Am. Ex     Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_      Sec. Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Final payment is due on \_\_\_\_\_

After \_\_\_\_\_ only 50% will be refunded if you cancel.

Mail to: \_\_\_\_\_

**HEALTH AND SAFETY AGREEMENT:**

**The group leader has my permission to provide routine, non-surgical medical care to me. In the event of a medical emergency and I cannot answer for myself, I hereby give permission to the physician selected by the group leader or his/her agent to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for myself as named herein. I also understand that I am responsible for the costs incurred on behalf of my child relating to accident or illness. Although the fullest safety precautions are taken, the organization/camp does not assume responsibility for any accident. I have read all of the registration materials, policies, guidelines and details provided by the camp/organization and agree to abide by the requirements set forth therein. I understand that my child will not be allowed to take medication from home unless it is ordered by a physician and so noted on this form. I hereby accept and agree to abide by the provisions of the Health and Safety Agreement.**

\_\_\_\_\_  
*PARTICIPANT NAME (PRINT LEGIBLY)*

\_\_\_\_\_  
*SIGNATURE OF PARTICIPANT*

\_\_\_\_\_  
*DATE*