

Application for:

_____ May 30-June 4, 2010

_____ June 6-11, 2010

_____ Both weeks

Maury Christian Camp Application

*Please use an ink pen and fill out this page and the next page and mail to:
Maury Christian Camp, West 7th Street Church of Christ,
405 W. 7th Street, Columbia, TN 38401*

Name _____ Boy _____ Girl _____
Last First Likes to be called

Age as of May 30 Birthdate _____ Last grade in school _____ First time camper? ___ Yes ___ No

Address _____ City _____ Zip _____

Church Affiliation _____ Is camper a member? _____

Home Congregation _____ Parent E-Mail Address _____

Please note: we will assist campers who wish to be baptized unless otherwise instructed by parents or guardian.

Parents' names _____

Home phone _____ Work phone _____

Emergency contact _____ Relationship to camper _____

Emergency contact's phone _____

Emergency work phone _____

Notes to Maury Christian Camp staff: _____

We have read the rules on page two of this application and accept them. Please sign below.

_____ Parent

_____ Camper

Note: Campers are placed in cabins by age and grade.

Note: Campers will be determined on a first-come, first-served basis with a limited number of spaces available each week. Age will be used to limit numbers if necessary.

_____ Camp shirt size **S, M, L, XL, XXL** (Free with camp fee)
Adult Sizes Only Are Available

Camp Fee _____ (Comment: _____)

Minus deposit _____ (**\$80—this is NON-REFUNDABLE**)

Due at camp _____

Date received _____

Cancelled: _____

Cancelled by: _____

Please fill in ALL information requested so you will not have to be called about an incomplete application.

Camper's Health Record

Please use an **ink pen** and fill out this page completely. PLEASE include the insurance information requested
Please fill in ALL information so you will not have to be called about an incomplete application.

NAME _____ DATE OF BIRTH _____

PARENT'S NAME _____ PHONE _____

COMPLETE ADDRESS _____
STREET ADDRESS CITY STATE ZIP

HEALTH HISTORY (Please check any that apply)

<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Constipation	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Frequent sore throat	<input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Heart trouble
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Abscessed ears	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Polio	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Athletes feet	<input type="checkbox"/> Mumps	<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Upset stomach	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Serious Ivy, oak or sumac poisoning	

Any recent operations, injuries, illnesses, or other health concerns? If so what? _____

Allergic reactions: Bee stings Penicillin Other allergies? _____

Are there any activities this child should not participate in because of health? _____

**Must give the NAME, ADDRESS, AND POLICY NUMBER of your health insurance provider:
PLEASE DO NOT OMIT THIS—Attach photo copy of insurance card as needed (both sides please)**

In Case of Emergency:

Please Note: This form must be notarized.

I hereby give permission to the camp director or one temporarily in that capacity or camp nurse to release the above information to a doctor chosen by officials of the camp, when the opinion of the camp director or camp nurse deems it appropriate for the health and benefit of the camper. When a doctor is contacted by camp officials for treatment of any illness or injury of my camper, I give said doctor my permission and full authority to proceed with any anesthesia or surgery deemed necessary without further permission if I am not reasonably available or cannot be located, or in any emergency situation which in the doctor's professional opinion warrants immediate action, I give him permission and authority to proceed immediately without attempts to contact me.

I further agree that I will not hold Maury Christian Camp, Short Mountain Encampment Assn., its Directors, Camp Director, camp nurse or any member of its staff, responsible or liable for any action as directed above, or for any accident, injury, or illness which may occur to my child while attending Maury Christian Camp at Short Mountain Bible Camp unless the same occurs as a result of the gross negligence or willful misconduct of any representative, employee, or staff member of Maury Christian Camp or Short Mountain Bible Camp.

Signature of Parent or Guardian

State of Tennessee, County of Maury — Personally appeared before me, the undersigned Notary Public of said state and county _____ with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the above instrument for the purposes therein contained and expressed. WITNESS my hand and seal this _____ day of _____, 2010.

My commission expires: _____ Notary Public