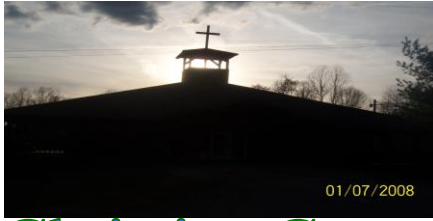


Smoky Mountain



Christian Camp

Summer Camp Discounts

\$25 off first time camper (does not include grades 1 thru 4)
\$25 off anyone bringing a first time camper
\$10 off camper registered by May 1

Register On line if possible

www.smccamp.com

Office Use Only

Pay. Date: _____
Amount: _____
Check: _____ Credit: _____
Check #: _____
Church Paid: _____
Church Amt. _____
Camp Scholarship: _____

Summer 2011

PLEASE FILL OUT ALL INFORMATION COMPLETELY

CAMPER'S NAME: _____

WEEK YOU WISH TO ATTEND		
AGE GROUP	DATES	
PARENT / GUARDIAN INFORMATION		
FATHER'S NAME		
ADDRESS	SAME AS CAMPER / DIFFERENT	
CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	
WORK PHONE	EMAIL	
MOTHER'S NAME		
ADDRESS	SAME AS CAMPER / DIFFERENT	
CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	
WORK PHONE	EMAIL	

EMERGENCY CONTACT	
NAME <i>(OTHER THAN PARENT / GUARDIAN)</i>	
RELATIONSHIP	
HOME PHONE	CELL PHONE

HEALTH PROVIDER		MUST BE FILLED OUT COMPLETELY.
INSURANCE COMPANY		
INSURANCE COMPANY PHONE NUMBER		
INSURED'S NAME		
INSURED'S DATE OF BIRTH	POLICY NUMBER	

CAMPER INFORMATION			
NAME			
ADDRESS			
CITY			
STATE	ZIP CODE		
HOME PHONE	MALE / FEMALE		
DATE OF BIRTH	AGE:	GRADE ENTERING	
CHURCH YOU ATTEND	IMMERSED (BAPTIZED) Y / N		

SWIMMING INFORMATION		
MY CHILD KNOWS HOW TO SWIM (PLEASE CIRCLE ONE)...	NOT AT ALL	SOME
	PRETTY WELL	GREAT
MY CHILD HAS MY PERMISSION TO SWIM AT CAMP AND ON OUTINGS		
SIGNATURE OF PARENT/GUARDIAN	DATE	

MEDICAL INFORMATION			
DATE OF LAST TETANUS BOOSTER	VACCINES UP TO DATE Y / N		
ALLERGIES (CIRCLE WHAT APPLIES)	FOOD Y / N	WHICH FOODS?	
	HAY FEVER Y / N	BEE STING Y / N	
	POISON IVY Y / N	PENICILLIN Y / N	
OTHER			
MY CHILD MAY RECEIVE	TYLENOL Y / N	IBUPROFEN Y / N	BENADRYL Y / N
MY CHILD HAS THE FOLLOWING CONDITIONS (CIRCLE ANY THAT APPLY)			
ASTHMA	EPILEPSY	SLEEPWALKS	EAR INFECTIONS CONTINUE OTHER SIDE

MIGRANES OTHER	SEIZURES	HEART DISEASE	DIABETES	ADD / ADHD
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MEDICATIONS

ALL MEDICATIONS MUST BE BROUGHT IN THE ORIGINAL CONTAINER WITH THE CURRENT DOSAGE CORRECTLY PRINTED ON THE BOTTLE. ALL MEDICATIONS MUST BE TURNED IN AT THE TIME OF REGISTRATION.

NO EXCEPTIONS

NAME OF MEDICATION
REASON FOR TAKING

DOSAGE

NAME OF MEDICATION
REASON FOR TAKING

DOSAGE

NAME OF MEDICATION
REASON FOR TAKING

DOSAGE

PLEASE ATTACH A SHEET IF THE MEDICATIONS LIST EXCEEDS THE SPACE PROVIDED

CHURCH PAID SCHOLARSHIPS

IF YOUR CHURCH IS WILLING TO PAY FOR ALL OR PART OF YOUR CAMP FEE, PLEASE ENTER THE AMOUNT BEING PAID AND HAVE ONE OF YOUR MINISTERS SIGN BELOW.

AMOUNT: \$

MINISTER GRANTING SCHOLARSHIP

RISK OF INJURY – WAIVER OF LIABILITY

I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN RECREATIONAL, SWIMMING, AND LEARNING ACTIVITIES, AND TO BE BOUND BY ALL CAMP POLICIES IN FORCE.

INITIAL _____

I DESIRE THAT MY CHILD PARTICIPATE IN THE FULL RANGE OF CAMP ACTIVITIES AND ACKNOWLEDGE THE NATURAL CONDITION OF THE CAMP AND THE INTERACTIONS WITH OTHER CHILDREN OF VARIOUS AGES MAY SUBJECT MY CHILD TO RISK OF INJURY ON AND OFF THE CAMP PREMISES.

INITIAL _____

I THEREFORE RELEASE THE CAMP FROM ANY RESPONSIBILITY OTHER THAN NORMAL SUPERVISION AND CARE. IN CASE OF ACCIDENT, I WILL NOT HOLD SMOKY MT. CHRISTIAN CAMP, ITS STAFF, MANAGEMENT, FACULTY, VOLUNTEERS, OR OFFICERS LIABLE. FURTHER I WAIVE ANY AND ALL CLAIMS OR CAUSES OF ACTION AGAINST THE FOREGOING PARTIES WHICH MAY ARISE AS A RESULT OF AN ACCIDENT OR AN INJURY TO MY CHILD AT SMOKY MOUNTAIN CHRISTIAN CAMP.

INITIAL _____

IN CASE OF EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP MANAGEMENT OR DEAN TO SECURE PROPER TREATMENT FOR MY CHILD AS NAMED ON THIS FORM. DOCTOR CALLS, TREATMENT OR HOSPITALIZATION ARE TO BE CHARGED TO OUR FAMILY INSURANCE.

INITIAL _____

I UNDERSTAND THAT SMOKY MOUNTAIN CHRISTIAN CAMP AND ITS STAFF SHOULD NOT BE HELD RESPONSIBLE FOR ANY ARTICLES LOST, STOLEN, OR LEFT AT CAMP.

INITIAL _____

I GIVE MY PERMISSION TO LEAVE CAMP GROUNDS FOR VARIOUS SERVICE OR FUN RELATED ACTIVITIES UNDER THE SUPERVISION OF AN ADULT FACULTY MEMBER. I WILL NOT HOLD SMOKY MT. CHRISTIAN CAMP RESPONSIBLE FOR ANY INJURIES THAT MAY OCCUR WHILE AWAY FROM THE CAMP.

INITIAL _____

BY REGISTERING MY CHILD IN THE PROGRAMS OF SMOKY MOUNTAIN CHRISTIAN CAMP, I GIVE MY CONSENT FOR THE CAMP TO USE MY CHILD'S PHOTOGRAPH IN CAMP PROMOTION AND PUBLICITY.

INITIAL _____

SIGNATURE

DATE

METHOD OF PAYMENT

PAY METHOD: MC VISA DISCOVER CHECK CASH AMOUNT: \$

CHECK #:

CREDIT CARD #

EXPIRATION DATE

IMPORTANT INFORMATION

PLEASE MAKE CHECK PAYABLE TO... SMOKY MOUNTAIN CHRISTIAN CAMP (SMCC)
P.O. Box 116
COKER CREEK, TN 37314

OFFICE PHONE (423) 261 – 2197

FAX PHONE (423) 261 – 2565

CAMPER PHONE (423) 261 – 2501 (DINING HALL)

WEB SITE: WWW.SMCCAMP.COM