



Cost \$125

THE ADVENTURE BEGINS

Middle School  *High School*

SUMMER YOUTH CAMP

JULY 13-17

COVENANT COLLEGE, GA

PERSONAL INFORMATION

STUDENT NAME _____

PARENT/GUARDIAN NAME _____

BIRTH DATE ____/____/____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME # _____ WORK # _____

CELL # _____ EMAIL _____

MEDICAL INFORMATION

PLEASE LIST ANY ALLERGIES (INCLUDING FOOD AND MEDICATION)

PLEASE LIST ANY MEDICATIONS STUDENT TAKES AND TIMES

IN CASE OF EMERGENCY

NAME _____ # _____ RELATIONSHIP _____

NAME _____ # _____ RELATIONSHIP _____

DOES THE STUDENT HAVE HEALTH INSURANCE? YES NO

IF "YES" PLEASE NAME INSURANCE _____

POLICY # _____

PRIMARY CARE DOCTOR _____ # _____

IS THERE ANYTHING ELSE YOU THINK WE SHOULD KNOW?

PARENT/GUARDIAN SIGNATURE _____

DATE _____