

**2010 Summer Camp Form
Christian Church Capital Area**

Event Name & # _____ **Start Date** ___/___/10
(e.g., YAC, Chi Rho I, CYF II, JC II, Seniors, Footprints, Pioneer, etc.)

Participant's Information – Please Print All Entries

Name _____ **Sex** M / F

“Preferred Name” _____

Grade (Fall 2010) _____ **Birth Date** ___/___/___

Street Address _____

City _____ **State** _____ **Zip** _____

Parent/Guardian Name _____

Parent/Guardian's E-mail Address _____

Camper's E-mail Address _____

Home Phone (_____) _____ - _____

Work Phone (_____) _____ - _____

Parents' Cell (_____) _____ - _____

Camper's Cell (_____) _____ - _____

Cell Service Provider: [] Verizon [] Sprint [] AT&T [] TMob. [] Other

Church Name _____

Sponsoring Minister's Signature _____

Emergency Medical Information – Please Print All Entries

Alternate Contact Person _____

Alternate Contact Phone # _____

Medical Insurance Provider _____

Policy # _____

Do You or Other Family Members Attending (yes/no):

(If “YES” To Any of These Questions, Please Explain Below)

- _____ Have any health problems?
- _____ Under a physician's or psychologist's care?
- _____ Require handicapped facilities?
- _____ **Have any food or other allergies?**
- _____ Take medication
- _____ Expect to have any difficulty with normal event activities?

Detail Any Special Medical or Other Concerns

(if more room is needed, please attach a sheet to this form)

(Attach separate letter if more space is required for Health Info.)

For Discovery Camp & Family Camp 1 & 2 Only

A. Discovery or Family Camp Participant Names/Ages

<i>Camper Names – Add 2nd sheet to cover all members</i>	<i>Date of Birth</i>

B. Only for the Adult-YAC-Footprints-Family-Senior Events @ Bethany Beach

Do you have a special housing requirement, i.e., environmental, first floor room, etc. – Please describe below:

**For certain events, there is a nominal additional fee per person for space in Stone House. You will be notified ASAP by the Registrar if Stone House space is available. If applicable, the additional fee is due prior to arrival.

This section must be completed in full.

Fee Due for this Camp/Conf. => \$ _____

How is your fee going to be paid (i.e., by whom):

*Participant (Self/Parent) _____ \$ _____

*Church _____ \$ _____

*Other (Explain) _____ \$ _____

+ Add'l Gift to Camper Scholarship Fund \$ _____

= Total of Camp Fee & Gift Balance Due \$ _____

--->Payment Enclosed Now = \$ _____
see below

To ensure that your event registration is not cancelled, your complete application and entire fee must be received NO LATER than the official cut-off deadline.

For information & cut-off dates call: **301-942-8264** or **1-877-942-8266** or visit the CAMPS page at www.cccadisciples.org

Please mail this form with your payment prior to the event to:

“Camp & Conference Program”
Attn: Registrar, CCCA Regional Office
8814 Kensington Parkway, Suite 208, Chevy Chase, MD 20815

Liability Statement

In signing this application, I certify that the above information is complete and correct. I give my permission for the release of medical records in the event that I or my minor family member requires medical attention. In the event of a medical emergency, I understand that every effort will be made to contact my family, but in the event that a family member cannot be reached, I hereby give permission to the physician selected by the Event Director to hospitalize, secure prompt treatment for, and order injection, anesthesia, or surgery for myself and my family attending the activity identified above. I give my permission for my minor family member attending the above activity to be a passenger in a vehicle driven by an adult Camp Counselor or Director for sponsored outings, and for the use of photos of me or my family members in camp program publicity materials. I will not hold the Christian Church Capital Area, the event sponsors, the event staff, the Event Director, event location staff, nor other agents who serve on behalf of the CCCA, responsible for accidental loss or injury to me and/or my family. I also understand that I as well as my family will be held responsible for any property damage caused by me or a member of my family.

Participant Signature: _____
Date _____

(For all Campers under the age of 18)
Parent/Guardian Signature: _____
Date _____