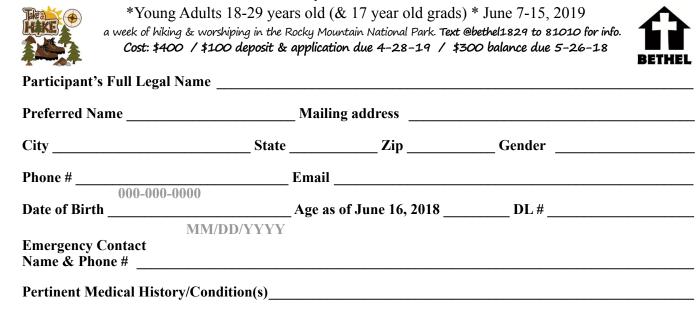
## 1829 Colorado Camp 2019 Registration Form



Special Instruction for Above \_\_\_\_\_

Known Allergies

Current Medications (List & Instructions)

## FILL IN THE CONTACT INFORMATION BELOW IF PRESENTLY UNDER A DOCTOR'S CARE.

Doctor's Name		Phone 000-000-0000				
					000-000-0000	
Address		City AUTHORIZATION	Sta	nte	Zip	
I	hereby give permission for Bet	thel Baptist Church officials to call	a doctor or e	mergen	cy medical service, an	d for the
		vide emergency medical and surgical				
		h officials will make a conscientious will be taken. If it is not possible				
		treatment. I give my authority and co				
		stomach with appropriate non-pr				
notifying I	Bethel Baptist Church officials o	of any change in the health condition	and medicat	ions of t	the participant in writ	ing prior
		Baptist Church to include images	of the partici	pant in	church-sponsored pro	motional
media sucl	h as newsletters, bulletins, poster	rs, flyers, social media & websites.				
Particina	ant's Signatura		Date			
I al ticipa If Part	icinant is under 18 years o	f age at any time during the tr	Date	mardi	an must complete l	helow
11 1 41 1	icipant is under 16 years o	Guardian Information		guai ula	an must complete i	Jeluw.
		Guardian Information	•			
Phone		Email				
	000-000-0000	Email				
Signature			Date			
Printed 1	Name					
						7
		<b>BETHEL OFFICE USE</b>	ONLY			
C	Deposit Paid Date	Method: check#			Paid	
E	Balance Paid Date	Method: check#	cash	Amnt	Paid	