

Camper Information:

Last Name _____ First Name _____
Mailing Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone _____ Email _____
Church _____
Age _____ Gender _____ Grade in Fall 2017 _____ First time camper? Yes No
Parent or Guardian's full name _____
Parent Work Phone _____ Parent cell phone _____
Roommate Request (**only one please**) _____
T-Shirt Size (circle one)
Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult 2X

Emergency Contact:

Name _____ Relationship _____
Home Phone _____ Work Phone _____

Payment Options:

A minimum, non-refundable deposit of \$50 is required.

\$260 if paid in full by May 31 or \$290 after that date \$ _____

Donation to TLC \$ _____

TOTAL ENCLOSED (Must be at least \$50) \$ _____

Please charge my Visa or Mastercard:

Name on card _____ Card # _____

Expiration Date _____ CW# (3 digits on Signature Panel) _____

Signature _____

Please send me a campership request application

Please make checks payable to Triumphant Life Camp or TLC

Mail this completed form and your check to:

Triumphant Life Camp; PO BOX 7156; Eureka, CA 95502

For questions call: 707-445-2267

Medical History and Insurance Information:

Please notify TLC if your child is exposed to any communicable illness (i.e. flu, measles, chicken pox) or pests (i.e. head lice) three weeks prior to camp.

Height _____ Weight _____ Date of Birth _____

Family Doctor or Pediatrician _____ Phone _____

Hospital or Clinic _____ Phone _____

Date of Last Tetanus Immunization _____

Allergies _____

Known Health Needs or Activity Restrictions _____

Medications taken regularly _____

Please send all medications in original containers with dispensing instructions.

Permission to administer over the counter medicine (i.e. Tylenol, Sudafed, etc.): Yes / No

Insurance Company _____

Policy Number _____

Subscriber Name _____ Relationship _____

2017 Summer Camp Dates:

Please check your week of camp.

<u>Camp</u>	<u>Dates</u>	<u>Cost</u>
<input type="checkbox"/> Elementary (4 th and 5 th grade)	July 9-14	\$290*
<input type="checkbox"/> Junior High (6 th and 7 th grade)	July 16-21	\$290*
<input type="checkbox"/> Sr./Jr. High (8 th and 9 th grade)	July 23-28	\$290*
<input type="checkbox"/> Senior High (10 th – 12 th grade)	July 30-August 4	\$290*

*Early Registration Discount: \$260 if paid in full by May 31 or \$290 after that date.

A confirmation letter and a "What to Bring" list will be mailed to you.

Check in and registration at TLC begins promptly at 4:00 PM each Sunday. *Early check in is not an option.*

Please pick up campers between 3-5 PM each Friday.

Parent Authorization:

This health form is correct as far as I know. The person herein described has permission to engage in all camp activities except as noted by me and to be photographed and videoed for TLC promotional use. I hereby grant permission for camp staff to search, examine, or inspect any and all personal belongings should they feel it is necessary. In case of a medical emergency, I hereby give permission to the physician or healthcare professional selected by the camp director to administer or secure proper emergency treatment and hospitalize, as he/she deems necessary. I understand TLC only carries secondary insurance for campers, and I will take primary responsibility for any charges occurring in the event the camper above should need any medical attention at any clinic, facility, or hospital. In the event a camper is not covered by an insurance policy, TLC will provide primary coverage.

☞ Parent Signature _____ Date _____