

## Camper Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Church \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade in Fall 2018 \_\_\_\_\_ 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: 707-616-7482**

## 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 \_\_\_\_\_

## 2018 Summer Camp Dates:

Please check your week of camp.

<u>Camp</u>	<u>Dates</u>	<u>Cost</u>
<input type="checkbox"/> Elementary (4 <sup>th</sup> and 5 <sup>th</sup> grade)	July 8-13	\$290*
<input type="checkbox"/> Junior High (6 <sup>th</sup> and 7 <sup>th</sup> grade)	July 15-20	\$290*
<input type="checkbox"/> Sr./Jr. High (8 <sup>th</sup> and 9 <sup>th</sup> grade)	July 22-27	\$290*
<input type="checkbox"/> Senior High (10 <sup>th</sup> – 12 <sup>th</sup> grade)	July 29-August 3	\$290*

\*Early Registration Discount: \$260 if paid or postmarked 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.***

## 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 \_\_\_\_\_