



## KIDZ FAITH CAMP REGISTRATION FORM

Camper's Name (last, first, middle) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Email address \_\_\_\_\_  
 Age \_\_\_\_\_ Grade completed in Spring \_\_\_\_\_ Gender \_\_\_\_F \_\_\_\_M  
 Birth date \_\_\_\_\_(mm/dd/yy)  
 Have you attended church camp before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 I would like to be in a cabin with \_\_\_\_\_. (Final assignment at director's discretion)  
 Mother's/Guardian's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Address/City/State/Zip \_\_\_\_\_  
 Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Father's/Guardian's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Address/City/State/Zip \_\_\_\_\_  
 Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Camper T-shirt size** (circle one) **youth** xs s m l **adult** s m l xl xxl  
 Additional t-shirts may be purchased for \$10 each (circle size) **youth** xs s m l **adult** s m l xl xxl

### Camper Health Insurance Information:

Policy Holder Name \_\_\_\_\_  
 Company Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Policy # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

### PERMISSION TO ATTEND CAMP (all signatures are required)

#### Camper/Participant

I agree to participate fully in the camp program, to cooperate with the camp leaders, and to participate in entire camp events with a positive attitude. I will not bring radios, tape/CD players, Ipods, MP3, TVs, firearms, knives, food, drugs (except those listed under health information). I understand that if I do not abide by camp policy, I may be sent home at my parents' expense.

#### Parent/Guardian

I give my consent for \_\_\_\_\_ to attend the camp indicated above and to participate fully in the program. I have discussed with my child what is/is not appropriate to bring to camp. I fully understand that should my child commit a serious infraction of camp rules, I will arrange to remove my child at the earliest possible opportunity.

\_\_\_\_\_  
 (Signature of Participant)

\_\_\_\_\_  
 (Signature of Parent or Guardian)

Lake Cities Church of Christ, 280 Indian Creek, Trophy Club TX 76262  
 817-430-1161  
 lakecitieschurch.com/camp

