

2012 COUNTY LIFE SUMMER CAMP REGISTRATION

STUDENT INFO

Name

Address

City

Zip

Grade Entering

Cell #

Email

Shirt Size

PARENT INFO

Name

Address

City

Zip

Cell #

Email

Emergency Contact

Cell #

Allergies - Please list along with medication taken.

_____	_____
_____	_____
_____	_____

Medicine - Please list with dose info.

_____	_____
_____	_____
_____	_____

I give The Church in the County, permission to administer my child their medicine as listed above.

_____ Date _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.
Mail Registration form to 12289 GA Hwy 315, Cataula, GA 31804