

## Registration Form

Mail form and payment by 5/1/09 to: PreTeen Camp Registration Tennessee District Office PO Box 9237 Jackson, TN 38314-9237	Questions regarding registration: Please contact the Office @ (731) 424-4937 (731) 424-1394 (FAX) <a href="mailto:hjaco@tnupc.org">hjaco@tnupc.org</a>	Registration Fee: \$70.00 by May 1, 2009 <b>If After May 1, '09: \$5.00 Late Fee</b> Please check enclosed payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Church Check <input type="checkbox"/> Money Order
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There is limited space at Lake Benson.  
Applicants will be considered on a "First-Come-First-Served" Basis.  
**PLEASE ISSUE SEPARATE CHECKS FOR EACH CAMP!**

### Camper Information

Name:	Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthday: (mm/dd/yy)	Telephone Number:	
Address:		
City:	State:	Zip Code:

### Roommate Preferences (Please list ONLY three roommate preferences.)

1	2	3
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### Emergency Contact Information (Please list a different telephone number than the one listed above.)

Name and Relationship:	Telephone Number:
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### Medical Information

Please select one: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Name:	
Daytime Telephone:	Nighttime Telephone:	
Do you have hospitalization insurance coverage on camper?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company:
Insurance Group Number:	Insurance Policy Number:	
Are camper immunization records current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have any immediate family members tested positive or been treated for any contagious communicable disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has camper been checked for head lice prior to attending camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does camper have any handicaps, allergies, other illness, prescribed medications or conditions requiring special attention? If yes, please detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note to Parents:** All activities will be supervised by camp staff and counselors. No activities will be held at, in, or near the lake area. No camper is allowed to leave the premises without permission from the Head Counselor and supervision. A regimented schedule will be provided which will include the students in cooperative group activities. A Camp Nurse will be on the premises throughout the entire Camp to provide help in medical need. All prescribed medications must be given to the Camp Nurse upon arrival at CLB.

*As (Please check one:  Parent     Guardian), I authorize any medical treatment deemed necessary by camp officials, certified nurses, or physicians.*

Parent or Guardian Signature:	Date:
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### Pastor's Endorsement

Church Attended by Camper:	Pastors Statement: My signature below indicates my approval of the aforementioned young person to attend the 2009 Tennessee District UPCI PreTeen Youth Camp.
Pastors Signature:	Date:

Parent or Guardian Signature:	Date:
Camper Signature:	Date: