

Camper Information

Name	<input type="text"/>	Date of Birth	<input type="text"/>	First time at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	<input type="text"/>	City, State, ZIP	<input type="text"/>	
Email	<input type="text"/>	Facebook	<input type="text"/>	
Home Church	<input type="text"/>	Cell Phone	<input type="text"/>	

Parent / Guardian

Name	<input type="text"/>	Name	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Primary Phone	<input type="text"/> <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> other	Primary Phone	<input type="text"/> <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> other
Alternate Phone	<input type="text"/> <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> other	Alternate Phone	<input type="text"/> <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> other

Emergency Contact

Name	<input type="text"/>	Relationship to camper	<input type="text"/>
Primary Phone	<input type="text"/> <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> other	Alternate Phone	<input type="text"/> <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> other

Medical / Insurance

Allergies	<input type="text"/>	Physician Name	<input type="text"/>
Medications	<input type="text"/>	Physician Phone	<input type="text"/>
Physical Limitations	<input type="text"/>	Dentist Name	<input type="text"/>
Date of Last Tetanus Shot	<input type="text"/>	Dentist Phone	<input type="text"/>
Insurance Company	<input type="text"/>	Medical Release	<input type="checkbox"/> As the parent/guardian of the above registrant I give permission to the staff and volunteers of Memorial Holiness Camp (MHC) Youth Camp to seek medical attention for him/her in the event of illness or injury. I accept financial responsibility for any necessary treatment, and release MHC and its staff and volunteers from liability.
Name of Insured	<input type="text"/>	Policy Number	
		SSN	<input type="text"/>

Please complete both sides

Registration Type

Single Registration — \$150 per camper

Multiple Registrations — \$135 per camper
(within the same immediate family)

Other
registered
family
members

Payment Information

Credit Card

Check

Type of Card

Card Number

Expiration Date CVV2

Name on Card

Billing Street Address

City, State, ZIP

Signature

Make check payable to:

Memorial Holiness Youth Camp

Mail this completed registration with payment to:

**Beth Lambright
3160 Green Turtle Drive
Dayton, OH 45414**

Please complete both sides