

**HEALTH FORM: 2017**

This form gives my legal consent for the treatment of my child. I understand that the camp medical personnel will make every effort to contact me, but will not delay treatment. I do hereby state that I am the parent and/or legal guardian of the named minor, born \_\_\_/\_\_\_/\_\_\_.

I consent to any necessary examination, anesthetic, medical or surgical treatment, and/or hospital care to be and on the advice of duly licensed medical personnel during the period of my absence. I understand that Virginia has the Good Samaritan Law.

\_\_\_\_\_  
Parent or Legal Guardian signature

**CAMPER MEDICAL INFORMATION:**

Date of last tetanus shot: \_\_\_ / \_\_\_ / \_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other health info (objections to certain medications, limitations, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION:**

In case of emergency, we will make every effort to contact you. Please provide 2 emergency contacts.

**PRIMARY CONTACT:**

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

**SECONDARY CONTACT:**

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Cell#: \_\_\_\_\_

**FAMILY DOCTOR:** \_\_\_\_\_

Office#: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

**REGISTRATION: 2017**

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Church: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Grade Entering: \_\_\_\_\_

Gender (circle one): M / F

T-Shirt Size (circle one): (Must Register on Time)

Youth: S M L

Adult: S M L XL 2X

**Chose your Camp Session:**

Teen Week (June 19—24, 2017)  
(Entering 7th thru leaving 12th grade)

Junior Week (June 26—July 1, 2017)  
(Entering 3rd grade thru 6th grade)

**PERMISSIONS:**

This camper has my permission to participate in:

\_\_\_ Rifles \_\_\_ Archery

\_\_\_ Paintball (requires separate waiver form available at www.camptukaway.com; not played during Junior week)

\_\_\_ Off Campus Options (May include rafting, river tubing, hiking, etc.)

\_\_\_\_\_  
Parent or Legal Guardian Signature

E-Mail: \_\_\_\_\_

**CAMPER'S PLEDGE:**

"I hereby agree to abide by all camp rules, acknowledging that failure to do so will be just grounds for my dismissal."

\_\_\_\_\_  
Camper's Signature

E-Mail: \_\_\_\_\_

OFFICE USE ONLY	
Deposit Received	
Discount	
Balance Due	
Store Deposit	