2026 Youth Summer Camp Registration Form

Camper's Name:
_____
Address:
_____
City: _____State: _____ Zip _____
Home Phone: _____
Father's Name: _____
Cell # _____ Work #_____
Mother: _____
Cell # _____ Work # _____
Guardian's Name - if different from above:
_____
Cell # _____
Preferred Email Address(es):
_____
Emergency Contact (other than above):
_____
Relationship: _____
Emergency Phone:_____

Circle One:
Male Female

Current Grade: _____

Date of Birth: _____

T-shirt Size (Check One) Youth S ____ Youth M ____Youth L____
Adult S____ Adult M_____ Adult L ____ Adult XL ____ Adult XXL ____

My child's image may be used on Perdido Bay Methodist Church social media sites. (check one) Yes _____ No_____

PARENT/GUARDIAN'S AUTHORIZATION: I give permission for my child to participate in off-campus events or activities with Perdido Bay Methodist Church. I understand that NO ELECTRONIC DEVICES, including cell phones, are allowed on CAMPS or OVERNIGHT EVENTS. If cell phones are brought, an adult chaperone will store the device- the focus is to be together not buried in a phone :). *In Case of emergencies all Adult Chaperones and Camp Leaders will have means of communication available.*

Signature of Parent/Guardian _____

Date _____

PLEASE complete Medical Information Page on back of this form

MEDICAL INFORMATION

Insurance Information: **PLEASE attach a photocopy of the front and back of your medical insurance card and return it with this form.**

Camper's Primary Care Physician:

_____

Physician Phone: _____

ALLERGIES: (list all known; use extra paper if needed)
Medical allergies:

_____

Food allergies/restrictions:

_____

Other allergies or Physical, Emotional or Behavior Concerns:

_____

_____

_____ This camper takes NO medications on a routine basis.
_____ This camper takes medications as follows:
MEDICATION, DOSAGE, TIMES TAKEN EACH DAY, REASON FOR TAKING

_____

_____

_____

Permission to administer Over The Counter Medicines (OTC) if necessary; i.e, Tylenol, Advil, Aleve, Benadryl, Cough Drops, Pepto Bismol, Tums, _____, _____, _____.
Please circle the above or add OTC medicines you give us permission to administer.

Parent/Guardian Authorizations:

- **I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my child.**

Signature of Parent/Guardian:

_____

Printed Name: _____
Date: _____