



Individual Registration Form

You can register online at:
www.signupforms.com/registrations/23578

JULY 11-15

YMCA CAMP OF THE ROCKIES IN ESTES PARK, COLORADO

ATTENDEE INFORMATION

NAME: _____ Male _____ Female _____

ADDRESS: _____

CITY STATE/PROV. ZIP/PC CODE

PHONE: _____

EMAIL: _____

HIGH SCHOOL GRAD YEAR: _____ BIRTH DATE: ____/____/____

T-SHIRT SIZE (CIRCLE ONE): S M L XL XXL

HOME CHURCH: _____

EMERGENCY CONTACT

NAME: _____ RELATION: _____

PHONE #1: _____ PHONE #2: _____

NAME: _____ RELATION: _____

PHONE #1: _____ PHONE #2: _____

NAME OF INSURANCE COMPANY: _____

POLICY NUMBER: _____

NAME ON INSURANCE POLICY: _____

Medical History and Medications

This Convention participant has/or is subject to:

____ Asthma ____ Diabetes ____ Seizures
____ Skin Problems ____ Fainting Spells ____ Contact Lens Wearer
____ Heart Trouble ____ High/Low Blood Pressure ____ Allergies (specify all)

Describe the condition and the severity: _____

PHYSICIAN INFORMATION

NAME: _____

PHONE NUMBER: _____

DATE OF LAST TETANUS IMMUNIZATION: ____/____/____

DATE OF LAST PHYSICAL EXAM: ____/____/____

SIGNIFICANT CHANGES?: _____

LIST OF ALLERGIES TO MEDICATIONS: _____

Is the Convention participant allowed to receive Benadryl: Yes or No

Medical/Liability Release (Must be signed by parent for those under 18):

I _____ parent/legal guardian of _____ authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed on myself (or my child) by a nearby medical facility as church staff and/or Lutheran Brethren Youth Convention staff deem necessary. I also understand that, if applicable, I (or my child) will be self-administering my (his/her) own documented medications during the convention under the orders of a personal doctor. I also give permission for a registered nurse to make available, under observation, Tylenol and ibuprofen to myself (or my child) should I (he/she) need it.

Signature of Parent/Guardian

Date

