

Camp South Registration Form

Student's Last Name

Student's First Name

M or F

Age

Grade in Fall

Mailing Address

Parent's E-mail Address

City

State

Zip Code

(_____) _____ - _____
Primary Phone

(_____) _____ - _____
Secondary Phone

Home Congregation

Pastor

Circle one adult t-shirt size: **S** **M** **L** **XL**

Roommate Request: _____

Health Insurance Company

Name on the Policy

Policy Number

Please tell us about any special health conditions your child may have (medications, dietary restrictions, allergies, etc). Please attach additional papers if necessary.

In the event of an emergency, I understand that every effort will be made to contact me. I give permission for my child to be treated by the camp counselors or at the nearest hospital or medical facility at the discretion of the camp staff. I agree to pay any costs that are incurred and will not hold the camp sponsor or camp staff liable for the cost of any health care provided to my child.

Signature of Parent or Guardian

Date

\$295/person
Make your checks payable to Camp South
Please do not send cash

Mail your registration and payment to:

Camp South
c/o Victory Lutheran Church
4651 Kernan Blvd S.
Jacksonville, FL 32224

Please mail forms and payment by APRIL 30th