Medical Information	
Ailments/Disabilities that might restrict your child's activities?	
Allergies? Date of l.	Date of last tetanus shot
Medical Insurance Co Group #	#
Individual #	
All medications to be taken to camp should be placed in bag with name of child and instructions as to dosage, and times to be administered. This should be given to designated counselor at departure. In the event of emergency, I hereby authorize the physician/dentist selected by the Camp Director to administer or secure medical treatment for my child as deemed necessary by the attending physician. I also authorize the Camp Director to administer any medical aid they deem necessary for illness or injury.	d instructions as to dosage, and times the event of emergency, I hereby aure medical treatment for my child as to administer any medical aid they
Signature of Parent/Guardian	Date



JUNE 27th-JULY 1st

Cost: \$225.00

FUN! CRAFTS! FIELD
GAMES! TALL PINES!
SWIMMING! GOOD
FOOD! ELIMINATOR!
BIBLE STORIES!
MUSIC! SKITS! MORE
FUN! FRIENDS! ZIP
LINE! ARCHERY!
VOLLYBALL!
NICE CABINS! CRAZY
GAMES! HUMAN

FOOSBALL!

For more information contact:

CORNERSTONE BAPTIST CHURCH

4041 E. PHELPS RD.

PHOENIX, AZ 85032

602-867-2700



KEY INFORMATION

Includes 5 days with meals beginning Monday evening and breakfast on Friday before leaving.



WHAT NOT TO BRING:

- *Electronics, including tablets or phones.
- *Fireworks
- *Knives
- *Any items that are dangerous, illegal or questionable.
- *Expensive jewelry or other important articles that may get lost.



WHAT TO BRING:

- *Sleeping Bag and pillow, or bedding.
- *Casual camp clothes—no dress-ups. <u>ALL</u> shorts to the knee...if not, you will be asked to change!
- *Sturdy shoes: sandals/flip-flops for swimming only.
- *Toiletries, towel, washcloth, soap.
- *Bible and pen.
- *Flashlight ($\underline{\text{very important}}$).
- *Reusable water bottle.
- *Money for snack bar.

Please do not send too much \$\$, as they often eat too many sweets and get sick. (Tear off registration form here and save top portion for your reference)

CAMP REGISTRATION FORM

Age Grade	(going into)		
Age		Zip	_ City
		StateZip	
Male/Female Birth Date		City	Church you came with
Name		Address	Phone ()

MEDICAL INFORMATION ON REVERSE SIDE MUST BE FILLED OUT