

NOLYNN YOUTH CAMP REGISTRATION FORM

Please print
(To be filled out by camper's parent or legal guardian)

Name _____ Age (as of June 21st) _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Grade completed as of June _____ Sex _____

Church _____ Pastor's name _____

HEALTH INFORMATION: (Explain if apply to you)

Treated by a Dr. in past 6 months _____ Any allergies _____

Current treatment & medicine _____ Any emotional problems _____

I give my permission to give Tylenol and/or Benadryl _____ (All medicine must be dispensed by Camp Nurse at the First Aid room. Medicine will be dispensed according to the direction of the physician on the bottle or prescription. This is done to insure the safety of the child as well as the safety of others.)

EMERGENCY MEDICAL ATTENTION: I realize that should an emergency arise, and the above named camper should require emergency medical attention, that all possible methods will be used to contact me immediately. Should all such methods fail and the above named camper should require emergency medical attention, I hereby authorize, by my signature below, the Youth Camp Board to authorize such treatment as deemed necessary by the physician and/or hospital staff. I do also affirm that I have legal authority to grant such authorization.

Parent or Legal Guardian _____ (your signature denotes just claim)

Medical Insurance Company _____ Policy # _____

Policy Holder _____

Family Physician Name _____ Phone (____) _____

NOLYNN YOUTH CAMP PERMISSION/RELEASE FORM

This is to certify that our **son/daughter** _____ has permission to attend the Nollynn Youth Camp. I further certify that I have read and am aware of the rules and regulations governing the Youth Camp. I also acknowledge that the Youth Camp Board has the right to send our **son/daughter** home from camp provided **his/her** conduct has become a detriment to the camp. I hereby personally, and on behalf of my **son/daughter** absolve and release the Camp Officials and Counselors, the Youth Camp Board and the Nollynn Association of Separate Baptist from any claims for personal injuries which might be sustained while **he/she** is attending the camp and during camp activities.

Signature of Parent/Legal Guardian

Signature of Camper

Address of Parent/Legal Guardian

(____) _____
Phone

Complete if child is under age 10 or has not completed the 4th grade.
Name of adult responsible for supervision _____

Please write total amount you are sending:

****Camp fees with shirt: 6 yrs & up \$50, 5 yrs & under \$15 (deadline May 22nd).****

T-shirt size (circle one) Adult S M L XL XXL Child XS (2-4) S (6-8) M (10-12) L (14-16)

Make check payable to Nollynn Youth Camp. Mail to: **Sis. Shannon Kennedy
195 Chase Lake Rd
Rineyville, KY 40162**

Do not write in this section. Date rec.: _____ Amt pd ind.: _____ Amt pd ch.: _____