

Assemblies of the Lord Jesus Christ (ALJC) Camp Registration Form

\$125 per person | 2 Siblings \$225 | 3 Siblings \$300 | 4 Siblings | \$375 -- 5 \$450

CAMPER

Name _____ Age ____ Sex _____ DOB _____

Address _____ City _____ State _____ Zip _____

Cell () _____ Church _____

I will abide by the camp rules, dress code, and obey those in authority.

Signature _____ Date _____

PARENT / GUARDIAN

Name _____

Cell () _____ Home () _____ Work () _____

Emergency Contact: If I cannot be reached please notify:

Name _____ Phone _____

Please list any prescription and over the countermeds or allergies:

Tetanus shot in the last 5 years? Yes / No

Does the camper have asthma? Yes / No

Has the camper been exposed to any contagious diseases in the last month? Yes / No If yes please explain _____

I hereby give permission to have my son/daughter receive any medical treatment deemed necessary by The Apostolic Association of Ohio ALJC personnel while attending this camp and intending to be legally bound I agree to indemnify and hold The Apostolic Association of Ohio ALJC harmless from any liability due to any incompleteness or inaccuracies provided on this form, and from any and all liability, claims, causes of any actions of any type arising out of, or in any way connected with participation in the activities of this camp. I agree to assume all responsibility for expenses not covered by camp insurance. I agree to be responsible for the cost of any damage done by the camper.

Signature _____ Date _____

PASTOR

I recommend the above named camper to attend Ohio District camp.

Signature _____ Date _____