## SUMMER CAMP RELEASE FORM 2014 :: INDIVIDUAL CAMPERS

Due to increased summer camp numbers, reservations will not be guaranteed until the camper registration form and \$75 non-refundable/non-transferable deposit have been mailed in to TVR. We also ask that payment in full be received at least thirty days before your registered week of camp.

Guest Name		Phone		
First Middle	Last			
Gender: Male Female Age: _	School Grade	Next Fall	-	
Address				
Street	City	State	Zip Code	
Attending with a Group?YESNO				
Week: June 9-14 June 16-21 June 23-28	June 30-July 5 July 7-12 Please Circle One	July 14-19 July 21-26	July 28 - August 2	
I would like to room with: #1 Choice		#2 Choice		
T-Shirt Size (adult sizes): S M L XL XXL				
Participating in AO (Appalachian Outdoors	) program? High school o	nly - <b>additional \$40.0</b> 0	). YES NO	
	,			
PARENT INFORMATION FOR GUESTS U	NDER 18			
Parent/Guardian Name				
First	Middle	Last		
Home Phone Work P	hone	Cell Phone		
Email	<del></del>			
Name of Additional Emergency Contact		Relationship		
Name of Person(s) Authorized to Pick Up Camper				
Insurance Information				
Is guest covered by family medical/ hospital insurance?YesNo				
If so, indicate carrier or plan name		Group #		
Policy Holder's Name		_ Relationship to guest	-	
Effective Date of Coverage				
*** Please photocopy the front and back of health insurance card and staple it to this form ***				
IMPORTANT MEDICAL AND ALLERGY INFORMATION				
Please check all medications your child is	allowed to receive from	TVR personnel.		
Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin, etc) Antihistamines (Benadryl, etc.)				
Cold MedicineAntacids (Tums, etc.) Anti-Diarrheal (Imodium, etc.)				
Cough Drops				
Date of last tetanus shot				

1. Does your child have any a	allergies related to food	l, medicine, insect bites, etc. in which we need to be
notified? Circle: YES	NO	
need to be notified. Circle:	YES NO	as heart conditions, asthma, diabetes, etc. in which we ment information to the front of this registration form.
Manusarious		
		taken routinely. Bring enough medication to last during entire that identifies the name of the medication, the dosage, and
Med #1	Dosage	Specific times taken each day
Med #2	Dosage	Specific times taken each day
Med #3	Dosage	Specific times taken each day
<ol> <li>I/we hereby give permission in the activities offered for Christian Camp to secure in as designated by TVR.</li> <li>I/we authorize TVR Christic checkmark on the front sid TVR WILL NOT dispense that I/we agree to allow TVR Chapromotional/marketing pure in the activities of the promotional of the permission of the perm</li></ol>	n for my/our child, who is his or her age group. In the dical treatment for my/our child had been been according to the particular medication untristian Camp to use any phone in the contract of the contract	a minor, to attend TVR Christian Camp and to fully participate he event of an emergency or sickness, I/we authorize TVR our child, to be administered by authorized agents or agencies, se medications to my/our child which are indicated by a the prescribed directions for each. If spaces are left blank, less a physician or parent/guardian is contacted for approval. notographic image or video taken of named camper for II be no names or information given about the individuals or
insurance plan is responsib while at camp. TVR does of Company, which will provid or your child is uninsured, Coverage is explained on the form). The cost is \$6.00 for check made payable to TV insurance application and of TVR at (828)765-7860.  1/we agree to waive and re that might arise on behalf Furthermore, I/we agree to	le for injuries and/or sickn ffer an optional medical in de for expenses in the ever or if your family policy car he separate application from thildren through 18 year of the family be sent directly to theck directly to P.O. Box of myself/ourselves or my/or assume all responsibility	r child is my/our responsibility and the camper's family ess at camp. TVR does NOT require that a guest be insured surance plan through Standard Life and Casualty Insurance at of an injury to you or your child (sickness is excluded). If you ries a high deductible, this plan could be very helpful. m Standard Life (your group leader should have a copy of this sold. IMPORTANT: Insurance application and a separate of TVR 30 days prior to attendance at TVR. Please send 10, Plumtree, NC 28664. If you have any questions, please call its employees and volunteers from any claim or cause of action four child as a result of his or her participation in this event. For my/our child's actions, including, but not limited to, the
should it become necessary conclusion of this event.	ofor my/our child to be se	villful abuse of my/our child and /or transportation costs, not home for medical or disciplinary reasons prior to the r 18) agree and consent to all above stated.
Signature		Date