



**2021 Atonement Camp  
Camper Registration Application**  
**Application must be filled in by parent or guardian**

**CAMPER INFORMATION**

Camper Name (First, Middle & Last): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**CAMPER MEDICAL INFORMATION**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

List current drugs or **Prescription Medications** your child needs while staying at Camp (Medications must be in the Original Bottle)

\_\_\_\_\_

List **CURRENT ALLERGIES** of your child (including medication allergies in case of an emergency): \_\_\_\_\_

\_\_\_\_\_

If neither parent/guardian listed above is available in an emergency, please contact:

Name: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**CAMPER'S PASTOR/CHURCH INFORMATION**

Please indicate the Pastor's Name, Church Name, and Church Location (City and State) that the camper is associated with:

\_\_\_\_\_

**LIABILITY WAIVER**

By signing this form, We, the parent(s) / guardian(s) of \_\_\_\_\_, will not hold The Anchor Church, its members or affiliated staff, responsible or liable for any accident that may occur while our child is at Camp Atonement.

**PARENT/GUARDIAN AUTHORIZATION**

The above named camper has my permission as parent or guardian to attend the **2021 ATONEMENT CAMP** hosted by **The Anchor Church located in Brazil, Indiana.**

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN MEDICAL AUTHORIZATION**

In case of an accident or incident, I give my permission for camp authorities to seek medical care, use of a physician or hospitalization or surgery for the camper listed above. I understand in the event that an emergency would arise that requires medical attention, I will be notified immediately. However, should camp authorities be unable to locate or not have time to contact the child's parent, guardian, or emergency contact, they may take such temporary measures as they deem appropriate and necessary. Also, I grant permission for routine nonsurgical medical care for the above named camper. I hereby authorize the release of pertinent medical/dental information to insurance companies and I hereby authorize the insurance benefits be paid directly to the provider of medical/dental services.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_