

OpenDoor Church

July 13th - 17th, 2021

Grades 7-12

Camper 3 Name	Date of Birth
Address	Age Male / Female
City State Zip	
Campers # Camp	per SS#
T-shirt Size Child: S M L Adult: S M L XL XXL	
School:	Current Grade:
Roommate Requests: (We will pair you with at least	one.)
1	
2	
3	
·	
<u> </u>	
Parents/Guardians:	Phone #
Parents/Guardians:	
Parents/Guardians: Name	
Parents/Guardians: Name	
Parents/Guardians: Name Name	Phone #

• •	e recomn		osage for stomach discomfort, burns, cuts,
insect bites, rash or scrapes.		Yes	No
Exceptions:	· · · · · · · · · · · · · · · · · · ·		
May be given Tylenol?	Yes	No	
May be given Benadryl?	Yes	No	
May be given Ibuprofen?	Yes	No	
May be given Pepto?	Yes	No	
			nt side of this form cannot be contacted, please notify:
Name			
Mobile #		Other #_	
Mobile #		Other #_	
APPLICANT AUTHORIZATION			
I authorize camp staff to consent to	medical tr	eatment wh	en myself or my emergency contact cannot be
•			ntact me regarding medical attention given to my child.
• •	•		damage caused intentionally or maliciously. Damage
• • •	•		pant responsible and their legal guardian. I understand
		_	o cooperate with the overall spirit and schedule of the dunacceptable, I am required to remove my child from
,			rmission to OpenDoor Church to use photographs
(individual or group) and/or multime	dia images	and record	ling in the best interest of the church for promotional
purposes. I have reviewed the camp	o informatio	on and gone	e over the camp and dress code policies with my child.
Camper signature required for agree	ement to a	bide by can	np and dress code policies.
Parent Signature			Date
Camper Signature			Date

MEDICATIONS: My Camper may be given over the counter, non-prescription medications or