Camper Information:	Medical History and Insurance Information:
Last Name First Name	Please notify TLC if your child is exposed to any communicable illness
Mailing Address Apt. #	(i.e. flu, measles, chicken pox) or pests (i.e. head lice) three weeks prior
City State Zip	to camp.
Home Phone Email	Height Weight Date of Birth
Church	Family Doctor or Pediatrician Phone
Age Gender Grade in Fall 2021 First time camper? Yes	No Hospital or Clinic Phone
If first time camper, invited by:	Date of Last Tetanus Immunization
Parent or Guardian's full name	Allergies / Dietary Restrictions
Parent Work Phone Parent cell phone	Known Health Needs or Activity Restrictions
Roommate Request (only one please)	
T-Shirt Size (circle one)	Medications taken regularly
$Youth \ M  Youth \ L  Youth \ XL  Adult \ S  Adult \ M  Adult \ L  Adult \ XL  XL  Adult \ XL  Adult \ XL  Adult \ XL  Adult \ XL  Adu$	2X Please send all medications in original containers with dispensing instructions.
Emergency Contact:	
Name Relationship	Permission to administer over the counter medicine (i.e. Tylenol, Sudafed, etc.): Yes / No
Home Phone Work Phone	Insurance Company
Payment Options:	Policy Number Relationship
A minimum, non-refundable deposit of \$50 is required. \$260 if paid in full by May 31 or \$290 after that date \$	– 2021 Summer Camp Dates:
Donation to TLC \$	
TOTAL ENCLOSED (Must be at least \$50) \$	Thease encek your week of earlip.
Please charge my Visa or Mastercard:	$- \qquad \underline{Camp} \qquad \underline{Dates} \qquad \underline{Cost}$
	$\Box \text{ Elementary (4th and 5th grade)} \qquad \text{Aug 1 - 6} \qquad \$290*$
Name on card Card #	- $\Box$ Junior High (6 <sup>th</sup> and 7 <sup>th</sup> grade) July 25 - 30 \$290*
Expiration Date CW# (3 digits on Signature Panel)	− □ Sr./Jr. High (8 <sup>th</sup> and 9 <sup>th</sup> grade) July 18 - 23 \$290*
Signature	
Please send me a campership request application $\Box$	- Senior High $(10^{th} - 12^{th} \text{ grade})$ July 11 - 16 \$290*
	*Early Registration Discount: \$260 if paid in full by May 31 or \$290 after that date.
Please make checks payable to Triumphant Life Camp or TLC Mail this completed form and your check to: Triumphant Life Camp; PO BOX 7156; Eureka, CA 95502 For questions call: 707-445-2267	A confirmation letter and a "What to Bring" list will be mailed to you. Check in and registration at TLC begins promptly at 4:00 PM each Sunday. <i>Early check in is not an option</i> . Please pick up campers between 3-5 PM each Friday.

## **Parent Authorization:**

This health form is correct as far as I know. The person herein described has permission to engage in all camp activities except as noted by me and to be photographed and videoed for TLC promotional use. I hereby grant permission for camp staff to search, examine, or inspect any and all personal belongings should they feel it is necessary. In case of a medical emergency, I hereby give permission to the physician or healthcare professional selected by the camp director to administer or secure proper emergency treatment and hospitalize, as he/she deems necessary. I understand TLC only carries secondary insurance for campers, and I will take primary responsibility for any charges occurring in the event the camper above should need any medical attention at any clinic, facility, or hospital. In the event a camper is not covered by an insurance policy, TLC will provide primary coverage.

Parent Signature \_\_\_\_\_

Date\_\_\_\_