

JUNE 6-9, 2012
 SAGU CAMPUS ■ WAXAHACHIE, TX



INSERT YOUTH GROUP LOGO

Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____
 Age: _____ Male Female
 Church: _____
 Camper Staff

T-shirt Size
 S M L
 X 2X 3X

INSERT CHURCH DEADLINES

MEDICAL INFORMATION

Heart Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lung Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ear Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sinus Infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to Swim	<input type="checkbox"/> Yes	<input type="checkbox"/> No

As a parent or guardian, I hereby authorize any hospital emergency staffed physician to administer any needed treatment and any procedure which in their judgement may be necessary.

Signature _____
 Date _____
 Insurance Provider _____
 Policy Holder _____
 Policy Number _____
 In case of emergency, contact _____
 Emergency Phone _____

Send payment to: Solid Rock Resources, 4606 Blue Ridge Dr., Midlothian, TX 76065