

M.M.M. Camp Application (please Print out, Complete and sign, then mail to address on next page along with minimum deposit of \$50.00 or full amount of \$100.00)

Name: _____ Age: _____
Mailing Address: _____
Grade Completed: _____
Male or Female Phone #: _____ DOB: _____
E-mail: _____
Parent's Name: _____
Parent's Address: _____
Your Church Name: _____
Pastor: _____
Address: _____

Medical Information:

(Must be completed)

Please list ALL medical Conditions that Camp Personnel or Medical Personnel should be aware of: (include medical allergies, medication allergies, food allergies, other allergies like bee stings, etc; skin disease, asthma, heart conditions, etc.)

Medications: (Please list "ALL" medications of "any type" - prescription, over the counter that camper should take and/or have in their possession. Include instructions. Also indicate if you want camp staff to dispense the medication on your behalf.)

Date of last Tetanus or Booster: _____

CONSENT AND RELEASE FORM:

(Custodial Parents/Guardians must review and sign)

I, the undersigned parent or guardian, hereby consent to my child, _____, who is _____ years of age, participating in the Marksmen's Mountain Music Camp (an outreach ministry of Wahoo Baptist Church in Murrayville, GA.) MMM Camp will be held from Wednesday, July 21 thru Friday, July 23. If my child has a medical condition which may be relevant to a physician in the event of an emergency, I have listed them above in the medical section of this application. In the event of an emergency, I may be reached at the telephone number listed above in this application. If I cannot be reached within a reasonable period of time, I hereby authorize Camp Moderator, camp director of his designated adult assistant to make emergency medical decisions for my child. If there are any activities that I do not want my child to participate in, I have listed them below my signature.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISK WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold The Marksmen and Wahoo Baptist Church, and their employees, agents, volunteer assistants and associates, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I EXPRESSLY AGREE TO ASSUME ALL FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENT NECESSARY FOR MY CHILD. *(Provide a copy of insurance card-front and back)*

Insurance Company _____ Policy/ID _____
Employer _____ No Medical Insurance _____

