



# CTC Youth Camp 2023 - Registration packet

June 12th - 15th

No cost - 8 to 18 yrs old

**ADULT SHIRT SIZE:** ☐ XS ☐ SM ☐ M ☐ L ☐ XL ☐ XXL

Youth Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

***Youth is for ages 8 yrs to 18yrs (enrolled in school)***

Date of birth: \_\_\_\_\_ Age on June 1, 2023 \_\_\_\_\_

Name of School: \_\_\_\_\_

Last completed grade: \_\_\_\_\_

Campers Cell phone #: \_\_\_\_\_

**Camp Days attending:**

☐ June 12th ☐ June 13th ☐ June 14th ☐ June 15th

**Parents information:**

Father: \_\_\_\_\_ Cell phone # \_\_\_\_\_

Alternate # \_\_\_\_\_

Mother: \_\_\_\_\_ Cell phone # \_\_\_\_\_

Alternate # \_\_\_\_\_

Emergency contact if parents cannot be reached:

Name: \_\_\_\_\_ Cell phone# \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone# \_\_\_\_\_

**Medical Consent:**

**Allergies: (Please list all)** \_\_\_\_\_

In case of emergency I, \_\_\_\_\_ give consent to  
Chisholm Trail Church Staff to authorize medical care for my child listed above.

Family physician: \_\_\_\_\_

Physicians address: \_\_\_\_\_

Physicians telephone #: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

**Parent/Legal Guardian signature:** \_\_\_\_\_

**Date of signature** \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_