

Note: This is a simple form preview. This form may display differently when added to your page based on inheritance from individual theme styles.

Camper Registration Form -Fayetteville 2016

Items with an asterisk " * " are REQUIRED. The fields on this form may require 15 minutes to complete. Please have your personal info and medical info ready to go, and please have your credit card ready to pay your camp fee - this form's last step links to PayPal.

1 Camper Information 2 Health and Insurance Information 3 Routine Care Information
4 Policies and Releases

CAMPER INFORMATION:

Camper Name *

First

Last

Nickname

Have you registered for a Champions Camp before? *

No

Yes

Best email address to communicate about this Registration? *

Please enter email address twice. This technique makes sure you entered it correctly. Thanks!

Enter Email

Confirm Email

Address *

Street Address

Address Line 2

City

State

ZIP Code

Send Us a Recent Photo

(Browse to a photo on your drive. This will help us know your Camper - and plan and pray for them.)

no file selected

Accepted file types: jpg, gif, png.

Home Church *

"none", if not attending...

Date of Birth *



Age (in years) *

Please enter a number

Approx. Mental Age (in years) *

Please enter a number

Sex: *

Male

Female

Weight (in pounds) *

Please enter a number

T-shirt size? *

Current Grade (at start of camp) *

Diagnosis *

*Please indicate Camper's diagnosis - * required.*

Does your Camper have needs that require assistance? *

No

Yes

Camper lives with: *

- Mother
- Father
- Both parents
-

Camper's Legal Guardian is: *

By designating Mother, Father, Both, or Other, you agree to provide contact information below for the selections you indicated.

- Mother
- Father
- Both parents
- Other

Emergency Contact: *

- Mother
- Father
- Both
-

Alternate Emergency Contact

Include name, relationship to Camper, and phone contact information...

[To Health and Insurance Information \(2nd of 4 pages\)...](#)