

# ***Legacy Outdoor Ministries Boys Camp***

**June 27– July 1, 2011  
Wheeler County, GA and Alamo First Baptist Church**

## **Registration**

**Camper Name:** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Grade Completed:** \_\_\_\_\_

**Parents or Guardian Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Numbers:**

**Home:** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Emergency:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Camp Cost: \$200 per camper**

**\$50 due with registration and the balance due upon arrival.**

**Make checks payable to *Legacy Outdoor Ministries***

**Complete the registration form and return to:**

***Legacy Outdoor Ministries***

***41 W. Lucille Avenue***

***Alamo, GA 30411***

**For more information feel free to call Kyle Woodfin, Director of *Legacy Outdoor Ministries* at 912 – 423-0291 or 912 – 568-7125.**

**Upon receipt of the registration form we will send you a packing list and tentative itinerary of the week.**

**Please complete the reverse side ▶ ▶**

**HEALTH HISTORY – to be completed and returned with registration form.**

Camper has had \_\_\_ Chicken Pox \_\_\_ Measles \_\_\_ German Measles  
\_\_\_ Mumps Others: \_\_\_\_\_

Camper is allergic to:  
Drug/Medications \_\_\_\_\_

Food \_\_\_\_\_

Insect Bites \_\_\_\_\_

Other \_\_\_\_\_

List all disabilities, chronic and recurring illnesses: \_\_\_\_\_

\_\_\_\_\_

List all dietary limitations: \_\_\_\_\_

\_\_\_\_\_

List all medications to be taken during the day, dosage and frequency:

\_\_\_\_\_

\_\_\_\_\_

**As a camper** I agree to abide by all the rules set forth by Legacy Outdoor Ministries. I further understand that failure on my part to comply with rules and directions given by the camp organizers and leaders that are serving as counselors of the camp will merit my immediate dismissal from the Legacy Outdoor Day Camp at my parent/guardian's expense.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

**As a parent/guardian** I agree to allow my child to attend and engage in all prescribed activities through Legacy Outdoor Ministries Day Camp unless noted. I understand that the camp event organizers, the Alamo First Baptist Church and the landowners will not be held liable for injuries incurred as a result of my child's attendance at this event. Should injury or illness arise (other than minor) I give my permission for medical care to be provided. I shall be fully responsible for payment of such cost. I also give my permission for any photographs taken of my child to be used for possible promotion of camp. I also give my permission for my child to be transported from Alamo First Baptist Church (June 28 – July 2) to participate in off-campus events.

This health history is complete and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Name of Insurer \_\_\_\_\_

Policy # \_\_\_\_\_