



Treasuring Christ
Together Network

TCT Camp Registration

Church (circle): City of Joy Fellowship Grace Church Memphis Urban Harvest Fellowship Other: _____

CAMPER PERSONAL INFORMATION:

Student's Name: _____ Date of Birth: _____
Day / Month / Year

Address: _____

City: _____ Zip Code: _____

Grade (in the Fall): _____ Gender (circle): Male Female

T-Shirt Size (circle): YM YL S M L XL XXL

Parent/Guardian: _____

Parent Cell Phone: _____

CAMPER MEDICAL INFORMATION:

Health Insurance Company: _____

Policy #: _____ Group #: _____

Does this student suffer from any medical, physical, emotional, or behavioral conditions which might affect his/her safety while at camp? (circle) Yes No

If yes, please specify: _____

Will this student be bringing any prescription or non-prescription medication to camp? (circle) Yes No

If yes, please list: _____

Is this student allergic to any food, medications, or insects? (circle) Yes No

If yes, please list: _____

In the event that the parent cannot be reached, please list an emergency contact person and contact information.

Emergency Contact: _____

Emergency Contact's Phone: _____

Parent's Signature

Date