

Summer Youth Camp

July 25 - 26 - 27

Location: Tippecanoe State Park, Winamac

Cost: \$70

Name _____ M/F _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Parent/Guardian _____

Phone # _____ Cell # _____

1st Emergency contact _____

Relationship to camper _____

Phone # _____ Cell # _____

2nd Emergency contact _____

Relationship to camper _____

Phone # _____ Cell # _____

Name of church _____

Pastor's name _____

*Applicants are students who are currently 6th - 12th grades.



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Medical Information

Family Physician _____

Phone # _____

Name of Insurance _____

Policy # _____

Carrier's Name _____

Does the applicant have any medical or behavioral conditions? If so, please list and explain _____

Is the applicant taking any medications? If so, please list below.

Permission Form

I (guardian's name) _____ give permission for
(youth's name) _____ to attend this year's
summer camp in Winamac, Indiana. Furthermore, I release COTH from any and
all liabilities that may occur. Please take any and all measures necessary to ensure
my child's health and safety.

Signed _____ Date _____

*Transportation is up to each campus, so please check with your
campus contact for details.*

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