

COVENANT ARCHITECTS NETWORK, INC. ANNUAL YOUTH CELEBRATIONS – MAY 25-27, 2019

CAMPER INFORMATION (AGES 10-17)

Name:		
Date of birth:	AGE:	Phone:
Current address:		
City:	State:	ZIP Code:
Male_____, Female_____	School Grade entering Sept. 2018_____	

CUSTODIAL/PARENT INFORMATION

Custodial Parent/Guardian Name:		
Current Address:		Night Phone:
Day Phone:	E-mail:	Cell Phone:
City:	State:	ZIP Code:
Second Parent/Guardian Name:		
Current Address:		
City:	State:	ZIP Code:
Day Phone:	E-mail:	Night Phone

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CHURCH ATTENDANCE

Name of Church:		
Church address:		
Phone:	E-mail:	
City:	State:	ZIP Code:
Pastor Name:		
Phone:	Cell Phone:	
Clerk of Session Name:		
Phone	Cell Phone:	

SIGNATURES

I declare that all information above is accurate and give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I do not permit my child to leave the grounds of Holmes, for any out-of-camp activities. I give permission for the use of photographs and video including me/my camper or articles written by me/my camper to be used in publicity including the Covenant Architects Network (CAN), Inc., the Holmes Presbyterian Camp and Conference Center website and internet sites promoting or reporting on Holmes or CAN, Inc.

Parent or Guardian's Signature:	Date:
Signature of Camper:	Date:

Please take a few moments to answer these questions completely. Your answers will provide helpful information to our counselors and staff as they prepare and plan for an excellent Annual Youth Celebrations at Holmes Camp and Conference Center. If you have any questions or concerns, please contact Rev. Dr. Victor Aloyo, Jr. or Ms. Carmen Rodriguez at covenantarchitectsnetwork@gmail.com.

Is this your camper's first time away from home for three nights and four days?

Yes_____ No_____

Does your camper make friends easily?

Yes_____ No_____

Your camper's development is considered:

Excellent_____, Above Average_____, Average_____, Below Avg_____

Your camper's attitude in regard to cooperation is:

Excellent_____, Above Average_____, Average_____, Below Avg_____

Please list 3-5 adjectives that describe your camper:

What is your camper looking forward to most while they are at Holmes participating in the Annual Youth Celebrations?

Does your camper have any emotional or behavioral issues? If so, please explain.

Please note any special health issues or concerns your camper has (orthodontic attention, bedwetting, allergies, etc.)

Please list any dietary restrictions your camper has.

Please share any additional information that will help us provide an excellent camp experience for your camper!