

## **Camp Zion Registration Form**

Zion Reformed Church 4457 36<sup>th</sup> St. SW Grandville, MI 49418

(616) 534-7533 email: campzion@zionreformed.org

## **Camper Info**

Child's Full Name				
Primary Address				
City	State	ZIP	Primary Phone	
Birthdate	Gender	Grade Entering	School	
Dismissal Instructions: v	walk homev	vait for pick up. Shir	t Size: Youth Size S M L Adult Size S M L XL	
Is your child in general good healt	h and able to particip	pate in all activities? YES	NO	
If not, please explain				
Does your child need to take any	medications while at	camp? YES NO If yes,	please list medication and purpose	
Are there any special needs or co	nditions that we shou	uld be aware of? YES N	0	
If yes, please list.				
Does your child have any allergies	? YES NO			
If yes, please list				
Parent/Guardian (1)		Parent/0	Parent/Guardian (2)	
Full Name		Full Name		
Relationship to child		Relationshi	Relationship to child	
Primary Phone		Primary Ph	Primary Phone	
Email:		Email	Email	
Emergency Contact (parer	nts are always cont	acted first in case of en	nergency – please list someone other than parents	
Name		Phone	Relationship to child	
Medical and Liability				
attention or treatment deemed no	ecessary by the staff ncare provider to trea	and/or ministry leaders of at, transport, and/or admi	b be reached, I request that my child receive any medical f Zion Reformed Church. Therefore, I give permission to t my child. I understand that I am responsible for all	
Childs Insurance carrier		Policy Number	Group No	
vehicle, an approved for special u	se vehicle for Zion Re	formed Churches use, or	-campus activities in a Zion Reformed Church owned a privately-owned vehicle. I give permission for pictures rebsites, Facebook and other social media sites, and othe	
Parent/Guardian Signatu	re		Date	