

**CAMP HOPE  
P.O. BOX 420  
FROSTBURG, MD 21532**

**REGISTRATION CARD 2009**

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Youth group or church \_\_\_\_\_

Your complete address (including zip code) \_\_\_\_\_

Home Phone \_\_\_\_\_ Circle One: Male Female

Roommate choice \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent's Phone Mom (day) \_\_\_\_\_ (night) \_\_\_\_\_

Dad (day) \_\_\_\_\_ (night) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

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

Doctor's Name \_\_\_\_\_

Medicine you are taking \_\_\_\_\_

Medicine you cannot take \_\_\_\_\_

Allergies \_\_\_\_\_

Health Problems or conditions \_\_\_\_\_

Had a tetanus shot in the last three years Yes \_\_\_\_\_ No \_\_\_\_\_

If your age is under 21, you must have a parent's signature

**IN THE EVENT OF ILLNESS OR INJURY, I GIVE PERMISSION FOR MY CHILD TO  
RECEIVE MEDICAL TREATMENT IN ALLEGANY COUNTY.**

Parent's Signature \_\_\_\_\_

(Continued on back)

NAME \_\_\_\_\_  
WEEK ATTENDING \_\_\_\_\_  
CHURCH \_\_\_\_\_  
PARTICIPANT'S AGE \_\_\_\_\_

**RELEASE FORM FOR CAMP HOPE 2009**

In consideration of my being able to participate in the activities of **CAMP HOPE, INC.**,  
I \_\_\_\_\_ do hereby release and agree to hold  
harmless FROSTBURG UNITED METHODIST CHURCH, FROSTBURG STATE  
UNIVERSITY, CAMP HOPE and/or its employees, directors, and volunteers in the event such  
claim is made.

Further, I \_\_\_\_\_, shall indemnify and reimburse CAMP  
HOPE for any and all costs incurred by me/and or the insured, as a result of any injury,  
including but not limited to court costs, legal fees, and costs to investigate.

It is my understanding that CAMP HOPE does not carry any insurance on or for me, and  
it is my responsibility to obtain and possess medical insurance before I attend CAMP HOPE. I  
understand that I may not attend CAMP HOPE without medical insurance. I further understand  
that CAMP HOPE does not carry liability insurance for me and it is my responsibility to obtain  
such coverage should I desire it.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent or guardian (if Participant is not 18 years old)

Date \_\_\_\_\_