CAMP CANAAN

Application and Liability Release

Name: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Day: _____ **Telephone Night:** _____

Allergies: _____

Doctor's Name / Phone Number: _____

Insurance Policy Information: _____

Emergency Phone Number: _____

Pastor's Name / Phone Number: _____

I give the administration of Camp Canaan and Pastor Trevor Reynolds permission to seek medical attention for my child.

Parent's Signature: _____ **Date:** _____