

CONSENT FORM

Registration cannot be processed without the signature of the camper's parent or guardian on this release.

Check Immunization

<input type="checkbox"/> DPT	<input type="checkbox"/> MMR	<input type="checkbox"/> Typhoid	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Others:				
<input type="checkbox"/> Date of last Tetanus:				
Specific Allergies:				
Type of Reaction:				
Current Medication Taking:				
Dosage:				
Health/Behavioral Limits:				
Physical Limitations:				

Separately attach list of activities camper should be restricted from and reasons.

*Do not send medications unless prescribed by a doctor. All medication must be kept in its original labeled container. For the safety of all camp guests, we request that those who knowingly have contagious conditions not attend camp. We appreciate your understanding in this matter of public health.

Insurance Policy Holder's Name:
Insurance Company's Name and Address:

Must include a copy of insurance card or card info printed clearly.

Family Physician:
Physician's Phone:

Camper Agreement

I agree to cooperate and comply in all areas put forth by the camp staff. I understand that any violation may result in dismissal from camp at my own expense.

Camper's Signature	Date
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Parent/Guardian Agreement

"I have read the general information section in this brochure, and I agree to support Living Water Christian Camp in their dress and conduct regulations for my child while at camp. I consent to examination and treatment of my child(ren) through the Health Service personnel at Living Water Christian Camp. In case of medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection and anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I also affirm that the medical information on this form is complete and correct. I also give permission to use photos including the camper in camp publicity."

Parent's Signature	Date
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Print Name:

Home Phone:	Cell Phone:	Work Phone:
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Emergency Contact:	Relationship to Camper:
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Home Phone:	Cell Phone:	Work Phone:
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Please detach this portion and mail to:

Living Water Christian Camp
P.O. Box 400 • Candor, NC 27229



Contact Information

Living Water Christian Camp
PO Box 400 • Candor, NC 27229
(910) 220-0788 or (910) 220-1070
livingwaterchristiancamp@yahoo.com

LivingWater.camp

Directions

From Greensboro, NC: Take NC 220 S (future I-73/74). Take exit 39 (Tabernacle Church Rd. exit) and turn right. Living Water Christian Camp is 2.2 miles on the right.

From Rockingham, NC: Take NC 220 N (future I-73/74). Take exit 39 (Tabernacle Church Rd. exit) and turn left. Living Water Christian Camp is 2.2 miles on the right.

From Charlotte, NC: Take NC 24/27 E to NC 220 S (future I-73/74). Take exit 39 (Tabernacle Church Rd. exit) and turn right. Living Water Christian Camp is 2.2 miles on the right.



BISCOE

24 27

73
74
220

CANDOR

Physical Address:
523 Tabernacle Church Rd.
Candor, NC 27229

731
220

Tabernacle Church Rd.
County Rd.

2020 OLYMPIC SPIRIT

SUMMER CAMPS

LIVING WATER CHRISTIAN CAMP



LivingWater.camp

