

CAMP CLARK
GENERAL BAPTIST YOUTH CAMP

Dixon, Kentucky 42409
(270) 639-5449

REGISTRATION

CAMP (circle one)

Senior Junior Primary

Name _____

Date _____

Pastor _____

Church _____

Parent/Guardian _____

Address _____

Phone _____

Phone _____

Grade Entering in School _____

Camp Worker _____

(position)

Church paid \$ _____

Camper paid \$ _____

Church will pay \$ _____

MEDICAL INFORMATION

Doctor _____

Phone _____

Allergies _____

Special Attention _____

I, _____ (parent/guardian), hereby give permission to the camp director of Camp Clark in Dixon, KY to consent to any emergency medical treatment required by _____ (camper) while attending camp and to dispense the below listed medication to my child during his/her stay at camp.

Medication: _____

Time: _____
