**Camper Name: **

**Mailing Address: **

**City:  State:  Zip: **

** Age:  Grade in Fall of 23 **

**Shirt Size:   **

**Parent/Legal Guardian: **

**Cell:  Email: **

**Emergency/Behavioral Problem Contacts: (Required)**

**I have instructed my child to follow the rules of conduct as directed by the North Salem Christian Camp Staff. In the event of an emergency or that my child is not behaving accordingly throughout the week, I agree to provide the transportation home, if my child is to be sent home because of behavior issues, I also provide you with the following contact NOT listed above:**

**Contact NOT listed above: Name:  Cell: **

**Relationship: **

**I give permission for my child**  **to attend the North Salem Church Camp at Hanging Rock Christian Assembly in West Lebanon, Indiana on Sunday July 16, 2023, through Thursday July 20, 2023.**

***ALL KIDS MUST BE ENROLLED IN THE 4th GRADE OF SCHOOL OR ABOVE FOR THE 2023 SCHOOL YEAR. ALL KIDS MUST BE REGISTERED FOR CAMP BY JUNE 25th.***

**The cost to attend camp is $50 per camper. Payment must be turned in with registration form. Payment is non-refundable. Families with 3 or more students attending camp will receive a $10 discount per camper.**

Medical Information

***Medical/Hospital Transportation Permission: (Required)***

**In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment, and I agree to accept all financial responsibility for such treatment. I wish to be advised prior to treatment by the hospital or doctor, if possible.**

**Member Name: **

**Health Plan Carrier:** 

**Health Plan Number: **

**Group Number (if applicable) **

**Current Medications: **

**All medications are to be given to the camp nurse upon check-in**

**Medical Conditions: **

**Allergies: **

**Allergic To: **

**Family Doctor:  Office Number: **

**Parent/Legal Guardian Signature: **

**Parent/Legal Guardian Printed Name: **

**THE PERMISSION FORM AND MEDICAL INFORMATION MUST BE FILLED OUT COMPLETLY TO ATTEND CAMP! INCOMPLETE FORMS WILL BE RETURNED. *COMPLETED FORMS MAY BE MAILED TO: BOX 65 NORTH SALEM 46165 OR   
 EMAIL COMPLETED FORM TO NORTHSALEMCC@GMAIL.COM***