

REGISTRATION FORM

Personal Information

Full Name _____

Address _____

City _____ State ____ Zip _____

Phone (____) _____ Birth Date _____

Grade (Fall '06) _____

T-Shirt Size _____ Adult S M L or Child S M L

Emergency Information

Parents _____

Home Phone _____

Work/Cell Phone _____

Alternative Contact Information

Name _____

Relationship to Participant _____

Home Phone _____

Work / Cell Phone _____

MEDICAL RELEASE

I give my child, _____ permission to attend summer camp with Handbell Jamboree. In case of accident or illness, I give my permission for an X-ray examination and any medical and surgical treatment and hospital care which is deemed advisable and necessary to the above named by a licensed physicians and/or surgeon in a licensed hospital. While this is a Desert Bells sponsored event being held on the premises of Camelback Bible Church, neither Camelback Bible Church or Desert Bells International may be held responsible for any accidents occurring during the event.

Parent Signature _____

Health Information

Do you carry family medical/hospital Insurance? _____

If so, indicate:

Insurance Carrier _____ Policy # _____

Family Physician _____ Phone _____

Date of last Tetanus shot _____

Drug Allergies _____ Asthma _____ Hay Fever _____ Insect Sting Allergies _____

Other _____

Major Problems: Chronic Asthma _____ Other _____