

2006 Camp Registration Form

Dakotas United Methodist Camps

P O Box 460 Mitchell, SD 57301

605-996-6552 Fax: 605-996-1766

www.dakcamps.org

1st Choice _____ \$ _____
Camp # Camp Name Dates
2nd Choice _____ \$ _____
Camp # Camp Name Dates
Please check appropriate box: Camper CIT-Counselor In Training
I'd like to be in the same cabin as my friend _____
T-Shirt size: _____ (Not all camps provide t-shirts)

Camper /Last Name First Name M.I. Nickname

Male Female

Address City State Zip

Family E-mail address Birth date Grade Fall of 2006

Parent/Legal Guardian Name Address if different from Camper

Home Phone Work Phone Cellular Phone

Church Name City Pastor's Signature

Emergency Contact - If parent/guardian cannot be reached

Address City State Zip Home Phone Work Phone

Parental Authorization

I am a Parent or Legal Guardian of the above named camper. In the event of an emergency and I cannot be reached, the Camp Administration has my permission to authorize emergency medical treatment. I authorize the use of photographs of my child for camp promotion. My child has my permission to engage in camp activities and if necessary my child may be transported in a private vehicle.

Parent/Legal Guardian Signature Date

I do not want photographs of my child to be used for camp promotion.

I do not want my child's name and address shared with other campers on a camp address sheet.

Please complete other side of this form.