

COUNT ME IN . . .

NAME _____

DATE OF BIRTH _____ AGE _____

PHONE () _____ - _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

MALE ___ FEMALE ___

GRADE IN SCHOOL _____

ALLERGIES _____

MEDICATIONS _____

CHURCH AFFILIATION _____

PASTOR _____

I have read the camp rules, and will abide by them fully.

X _____ Youth Signature

**I hereby give permission for the above named person to attend PHYC,
And to be given treatment for any injury or illness by the camp nurse,
attending physician, or hospital. I also give permission for the camp nurse
to dispense Tylenol (acetaminophen) if requested by the camper.**

X _____ Parent/Guardian Signature