

# CQH Mini-Camp Makeover | March 2017

*Please fill out the registration form and mail it with full payment to  
EFC-MAYM, 2018 W Maple St, Wichita, KS 67213*



### Person Attending

First Name	Last Name	Church
		Address
Phone #	Email Address	

### Please list any other family members attending

Name	Age	Name	Age
Name	Age	Name	Age

\$200 Full Adult Registration Enclosed

### Registration Information

<input type="checkbox"/>	Date and Time Arriving: _____
<input type="checkbox"/>	Date and Time Leaving: _____
<input type="checkbox"/>	Special Dietary Needs: _____
<input type="checkbox"/>	Special Lodging Needs: _____
<input type="checkbox"/>	Emergency Contact Name and Phone # _____
<input type="checkbox"/>	2nd Emergency Contact Name and Phone # _____
<input type="checkbox"/>	Health Insurance Provider _____
<input type="checkbox"/>	Insurance ID # _____ Insurance Group # _____
<input type="checkbox"/>	Ins Claim Address: _____
<input type="checkbox"/>	I agree to absolve EFC-MAYM and Camp Quaker Haven and their representatives from all liability beyond the limits of the insurance provided.
<input type="checkbox"/>	I give permission to administer emergency medical treatment to the camper named and for the Camp Nurse to administer over the counter medication as she/he deems appropriate.
<input type="checkbox"/>	I understand that the emergency contact person listed above will be contacted at the phone number listed in an emergency situation.
<input type="checkbox"/>	Adult Sponsors (anyone over 18) list Information and Permission for Background Checks:
<input type="checkbox"/>	Have you ever been charged with or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?
	Social Security #: _____ Birthdate: _____
	Middle Name: _____ Maiden Name: _____

Parent and/or Adult Signature

Date