



CAC Registration

Parents: Please complete this form for each household. If you are bringing campers who have a different mailing address, we ask that you please fill out a separate registration form them.

Club Member: _____ Grade _____ Birthday _____

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Name of Parent(s) or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email _____

Emergency Contact name and number: _____

Other names/numbers to use: _____

Pick up restrictions: _____

Allergies or other medical conditions that may limit or affect participation in activities or would be helpful for leaders to know:

I hereby give permission for my child to participate fully in all church activities and to be included in any photographs and/or videos used for albums, webpages, or news articles. If you have any questions regarding your child's participation in this program, please call or see one of the leaders.

Signature of parent or guardian

Date

