

**REGISTRATION FOR CENTRAL TEXAS DISTRICT CAMP SONSHINE 2018**

June 24-29

Name \_\_\_\_\_ Age \_\_\_\_\_ Last grade passed \_\_\_\_\_

Home phone \_\_\_\_\_ Parent's work phone \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

**T-Shirt Size**    **Child M** ( ) Avg 6 yr. Old                      **Child L** ( ) Avg 8 yr. Old  
**Adult S** ( )    **Adult M** ( )    **Adult L** ( )    **XL** ( )    **XXL** ( )

**MEDICAL INFORMATION**

1) Do you have any medical problems that the camp personnel should know about?    Yes/No  
If so, please explain: \_\_\_\_\_

2) Do you take medication?    Yes/No    If so, give specifics \_\_\_\_\_

**3) EMERGENCY MEDICAL AUTHORIZATION**

I hereby authorize and give full permission to official camp personnel, attending physician, emergency, or hospital staff to act in accordance with their best judgment in providing any necessary treatment, including surgery, in a medical emergency to my child named above. I understand that every reasonable effort will be made to contact me at such time.

PARENT/LEGAL GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

Registration will begin at the camp at 4:00 p.m. on Sunday, June 24. A maximum of 50 campers can be served, so pre-registration is recommended. Cost is \$65 per child. To assure admission, mail this form, text, or email as soon as possible to the information below. If openings are filled when your application arrives, you will be notified by phone.

**Director of Camp**

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