

Pot O' Gold Ranch
Camp Fee is \$ _____

Camper No. _____
(Office use only)

REGISTRATION CARD

POT O' GOLD RANCH, COMFORT, TEXAS

Dates of CAMP WEEK camper is attending: _____ Male ___ Female ___

Camper's Name _____ Age _____ Birthday ____/____/____

Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ - _____ - _____ Camper's Email _____

Home Church _____ Pastor _____

Church Address _____ City _____ State _____ Zip _____

Church Telephone _____ - _____ - _____

Date of last tetanus shot ____/____/____

List Camper's Allergies _____

Medical Problem _____

I/we hereby authorize YOUTH CAMPS, INC (Pot O' Gold Ranch, Comfort, Texas) and its directors and staff, to seek and obtain and consent to emergency medical care and treatment for Me/my child and I/we will pay all charges not covered by provisions of camp insurance. I/we agree to hold harmless and indemnify YOUTH CAMPS, INC. and its directors and staff for any physical injury/loss of life, that may occur while I/my child participates in activities on the property of Youth Camps, Inc.

ALL ADULT CAMPERS -- PLEASE SIGN YOUR CARD HERE, ALSO

Parent's/Guardian's signature required _____

Address _____ City _____ State _____ Zip _____

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