

2008 G.R.E.A.T. CAMP
APPLICATION
June 30th – July 3rd

_____ Male Female
Name

_____ Address City State Zip

_____/_____/_____
Date of Birth

Parent's Name

_____ Address City State Zip

_____ (Phone Number) (Alternate Phone Number) (Work Phone Number)

_____ (Emergency Contact) (Relationship) (home phone)

_____ (Address) (City, State) (Alternative Phone Number)

_____ Medical Insurance Provider Policy Number Group Number

_____ Medication (if Any) If the camper is on medication please let a camp staff member know

_____ Medications Allergies

School _____ Last Grade Completed _____

T-Shirt Size (adult sizes) S – M – L – XL – 2XL Other _____

1) _____

2) _____

Please list other campers, whom this camper would like to be housed with at the camp

I would be interested in group transportation to camp.

The camp, supervisors, and any organization affiliated with the camp will not be responsible for any lost, damaged, or stolen personal items. We further understand that the campers will be closely supervised and agree that the supervisors and sponsors are not responsible in cases of injury and/or illness. It is further understood that first aid is available and should a serious illness or injury occur medical and/or hospital care would be provided. We realize that the supervisors will notify us in cases of serious injury or illness. If we are unable to be contacted, we hereby grant our permission and consent for any emergency or surgical care determined to be necessary by a Licensed Physician.

Signature of Parent/Guardian

Date

Mail to: **G.R.E.A.T. Camp 2008**
c/o Saline County Sheriff's Office
Attn: Deputy James Fletcher
PO Box 1606
Salina, Ks., 67402-1606