

**Syriac Orthodox Archdiocese**  
**of the Western U.S.A**  
**Sunday School Camp Registration Form**

June 17 – 19th, 2011

**Campers Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Address** \_\_\_\_\_

**Apt./Unit:** \_\_\_\_\_ **City/Town** \_\_\_\_\_

**State** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Parent Cell #** \_\_\_\_\_

**Name of Church You Attend** \_\_\_\_\_

**Receipt Required?**  Yes  No

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**METHOD OF PAYMENT**

(Check One)

\_\_\_ Cash \_\_\_ Check (check # \_\_\_\_\_)

Total: \_\_\_\_\_

Paid on (date) :

## General Consent Form:

I, the undersigned, do hereby release the Syriac Orthodox Archdiocese of the Western U.S. and Camp Marantha, their staff and any other associates in the daily operation of the camp or the board members from any liability for property or injury which may result from participation in the camp program to my child(ren), or those under my guardianship, and do give the above mentioned camper permission to participate in the camping program. I agree to allow my child's photo to be used in any future promotional material. I agree to be responsible for any costs that occur for my child, or those under my guardianship including but not limited to: medical, property damage, transportation costs if the camper is sent home, etc.

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Parent/Guardian signature

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Date

**Camper's Statement:** I agree to respect and do my best to participate with other campers, cabin leaders and other staff, to respect the belongs of others and abide by the camp rules.

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Camper signature

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Date

## Medical Information: (all information is for private use only)

Health Insurance Carrier \_\_\_\_\_ Card # \_\_\_\_\_

Physician Name \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

(Other than parents) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Any allergies: Yes No If So, please list: \_\_\_\_\_

Any Medication taken regularly:

Name of Medication (s): \_\_\_\_\_

Time given: \_\_\_\_\_

Dosage: \_\_\_\_\_

Any other medical condition or information about your child we should be aware of:

**Please note: The Medical Form will need to be completed before attending camp.**