



Camp Triumph
1203 Pecan Cove
Copperas Cove, TX 76522
Phone: 254-542-1699
Fax: 254-542-7382

CAMP TRIUMPH REGISTRATION FORM OFFICIAL CAMP FORM

Campers Name _____ Age _____

Date of birth _____ Male _____ Female _____ Childs Social Security Number _____

Mother/Guardians Name _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ ext. _____ Mobile _____

Father/Other Guardians Name _____

Phone: Home _____ Work _____ ext. _____ Mobile _____

Do you give permission to photograph Yes _____ No _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

Reservations are confirmed after the completed application (per camper) and a registration fee is received. Reservations are on a first-come, first-serve basis as long as space is available. Failure to pay full amount by designated due date may result in loss of slot. Registration Fees are non-refundable and non-transferable.

All participants are required to have a complete health evaluation signed within 12 months by a licensed health care professional, before the first day of camp. Participants with clinically significant medical histories that have implications for ongoing care (ex. asthma, surgery, seizures, diabetes, behavioral disorders, or orthopedic injuries) should have had an examination within the previous 6 months. **A copy of your child's immunization record is needed one week before he/she comes to day camp.** Call to request medical forms.

NOTICE TO PARTICIPANT

In order for you to participate in our program, **you should be able to hear, walk, talk, see, and climb.** You must possess self-help skills such as move independently, shower, brush teeth, feed yourself, live cooperatively in a dorm setting, participate in group activities, think in a systematic way, have the ability to control one's behavior and emotional state. By signing below, you show forth agreement in being able to do the things mentioned in this statement.

I acknowledge that during the session that I have requested to participate in, certain risks and danger may occur. I recognize that such risks and danger may include loss or damage to personal property, physical injury, or fatality due to accident. I am healthy (both physically & emotionally) and capable of participating in this session. I, individually, do hereby release Camp Triumph (a ministry of Christian House of Prayer) and its employees from any and all liability. **INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF CAMP TRIUMPH, and its EMPLOYEES.** I also understand that my participation in the Camp Triumph session is entirely **VOLUNTARY.** I enter into this session and take full decision to participate or not participate and agree to follow all safety instructions. I agree that being allowed to participate in Camp Triumph is sufficient consideration to support this agreement to participate.

Name of Participant (please print)

Name of Parent/Guardian (please print)

Signature of Parent/Guardian
(If under 18, parent or guardian must sign)

Date