

# FLH YOUTH CAMP MEMBERSHIP APPLICATION

## CHILD INFORMATION

Name:

Date of birth:	SSN:	Phone:
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Current address:

City:	State:	ZIP Code:
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Church Home:

## PARENT INFORMATION

Mother:

Father:	Work Phone:
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Mom Phone:	E-mail:	Dad Phone:
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## EMERGENCY CONTACT

Name of a relative not residing with you:

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

## LIST FAVORITE ACTIVITIES

## MEDICAL CONSENT

As Parent/Guardian of child \_\_\_\_\_ above. Hereby give our consent and permission for (him/her) to participate in all FLH Youth Camp activities. We further grant FLH and it's staff permission to seek medical attention for (him/her) in the event of an emergency. At no point will we hold FLH responsible or negligent for injury or illness while (he/she) is in their care.

Signature: \_\_\_\_\_

## MEDICAL INFORMATION

Policy #:	Company:	Phone
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Allergies:

Medications:

## SIBLINGS

Name	Name
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Name	Name
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## SIGNATURES

I understand that FLH is a faith-based organization and I accept it's doctrine and will conduct myself accordingly.

*"As for me and my house, we will serve the Lord." Joshua 24:15*

Signature of applicant:	Date:
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Signature of parent:	Date:
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*Internal Use Only:*

Membership #: \_\_\_\_\_

Dues Paid: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_