

CHOOSING TO BE SET APART

INHABIT

## Camp Sparta Camper Application 2012

Camper is \_\_male \_\_female  
Grade as of Sept 2012 \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Week Attending – June 18<sup>th</sup> - June 22<sup>nd</sup>

Name(first, last) \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_  
Parent email \_\_\_\_\_  
School \_\_\_\_\_  
Church \_\_\_\_\_

Emergency Info.

Father's name \_\_\_\_\_  
Mother's name \_\_\_\_\_  
Father's work phone \_\_\_\_\_ Father's cell \_\_\_\_\_  
Mother's work phone \_\_\_\_\_ Mother's cell \_\_\_\_\_  
If a parent can't be located, who should be contacted?  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Does the camper listed have an emotional or behavioral problem? \_\_\_\_\_  
(If yes, please explain on a separate sheet and also advise if he/she is under a doctor's care for the problem.)

Is camper on any prescription medicine? \_\_\_\_\_  
(If yes, please list types and reasons for medication on a separate sheet)

If you have medical insurance, please attach a copy of the insurance card (front and back) for hospital use. (This prevents delay of treatment in case of emergency.)