



Print, Complete, and Mail to:
CBM
111 CBM Camp Road
Watauga, TN 37694
2018-2019 Skoolzoutt Registration Form
(Pre-Registration Required)

Camper Name _____

IMPORTANT PHONE NUMBERS

Address _____

Home _(_____)_____

City _____ State _____ Zip _____

Work _(_____)_____

Parent Name/Guardian _____

Cell _(_____)_____

School _____ Grade _____

Boy ___ Girl ___ Birthday ___/___/_____

MEDICAL INFORMATION

Allergies (Please List) _____

Is there any information you feel we should know about your child?

Special Medications
(ATTACH LIST TO THIS FORM)

I give my camper permission to take over the counter medication should the camp deem necessary

YES _____ NO _____

In the event of an emergency, if we are unable to reach you, does a doctor or hospital have permission to treat your child?

YES _____ NO _____

PERMISSION FOR CAMP

I hereby give permission for my child to attend Camp

Ta-Pa-Win-Go Skoolzoutt for the 2018 – 2019 school year. I understand the camp carries medical insurance on all campers, but I realize that neither the camp insurance nor CBM is in any way responsible for medical treatment or liability resulting from physical conditions existing before my child attends camp. I also understand registration constitutes permission to use my child’s picture if it appears in a video or photo. Registration constitutes permission for my child to participate in all activities during any Skoolzoutt 2018 – 2019 activity.

 Parent/Guardian Signature

Other Authorized Pickup Person(s)

Name _____

Name _____

Name _____

Campers will ONLY be released to Parent or Guardians listed on form or Authorized Person(s) specified on THIS list
A PHOTO ID MUST BE SHOWN