



**Print, Complete, and Mail to:**  
**CBM**  
**111 CBM Camp Road**  
**Watauga, TN 37694**  
**2019-2020 Skoolzoutt Registration Form**  
**(Pre-Registration Required)**

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name/Guardian \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Boy \_\_\_ Girl \_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_\_\_

**IMPORTANT PHONE NUMBERS**

Home \_(\_\_\_\_\_)\_\_\_\_\_

Work \_(\_\_\_\_\_)\_\_\_\_\_

Cell \_(\_\_\_\_\_)\_\_\_\_\_

**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 2019 – 2020 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 2019 – 2020 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**