

Apache Creek Deaf & Youth Ranch

Camper's Name *

First	Last
Address*	
Street Address	
Street Address Line 2	
City	State
Postal/Zip Code	Country
Email	
Date of Birth Month/Day/Year	
Phone	
Please list the week of camp, your arrival date and if you are coming with a Group or as an Individual and if you are requesting a motel room. (Rooms are an extra \$100.) IF you are coming with a church, please list the name of the church.	
Special Instructions, Physical Restrictions, Medications, Allergies, Health Concerns, etc: Please list "None" if it doesn't apply. Also provide insurance information in this section. Please list any other special instructions for your child in this area	
Parental signature I assume full responsibility for myself/child any physical welfare and will not hold the organization liable in case of sickness or accident. In case of medical emergency, I understand every effort will be made to contact m. In the even I cannot be reached I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for, and order injections, anesthesia, or surgery for my child as named above. I also affirm that the medical information on this form is both complete and correct. I also understand that my child's photo may be taken as part of a weekly slideshow. That slideshow will be posted for the public to view and the picture may be used for promotional purposes. If I do not want my child's photo used I will indicate so in the special instructions box above.	