

SENIOR HIGH WEEKEND - November 12-14 - Pleasant Hill Outdoor Center
AMERICAN BAPTIST CHURCHES OF OHIO

CAMPER'S NAME: Last _____ First _____
 Male Female Birthdate _____ Present Grade _____
 Cabin Mate Preference _____
 Parent/Guardian (First & Last Name) _____
 Address _____
 City _____ State _____ Zip _____ Phone () _____
 Church Name _____ Association _____
 Parent/Guardian Signature _____

TO REGISTER:

Send the above form with \$30.00 non-refundable deposit to ABC/Ohio
 136 Galway Drive, P.O. Box 376, Granville, OH 43023-0376
 The remaining balance due of \$40.00 upon arrival

DEADLINE FOR REGISTRATION: NOVEMBER 5, 2004

Please take this Health Form to camp when you check in.

Name _____	Any Allergies? What? _____
Address _____	Are you allergic to penicillin? _____
City _____ State _____ Zip _____	When did you last have a tetanus shot? _____
Home Phone Number () _____	Are you subject to fainting? _____
Date of Birth _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Seizures of any kind? _____
Camp _____	Sleep Walking? _____
Parent/Guardian's Name _____	Other _____
Parent's Employer _____	Any recent surgery? What? _____
Parent's Work Phone () _____	Are you on any medications? What? _____
Parent's Social Security Number _____	_____
Have you had any sickness during the past two weeks such as flu, sore throat or heavy cold? _____	What directions should the camp nurse follow? _____

LIMITED PURPOSE POWER OF ATTORNEY: CONSENT OF TREATMENT OF MINOR AND RELEASE OF LIABILITY

- The undersigned hereby appoints the American Baptist Churches of Ohio and each of its authorized agents, each to act alone, and delegate to the same the power to consent on our behalf to all emergency treatment and/or any medical care (except elective surgery) of (child) _____ determined to be necessary or desirable by our child's attending physician at the hospital in which emergency treatment and/or medical care is sought.
- This power of attorney shall continue until revoked by the undersigned, or for (6) six months after its date whichever is earlier. The attending physicians or the attending hospital's medical staff may assume and rely that this authorization is currently in effect during such six (6) months unless notified.
- We, the undersigned, release the American Baptist Churches of Ohio and any of its authorized agents from any obligation or liability, actual or implied, concerning their use of this limited purpose power of attorney.
- The undersigned certify that they have read this power of attorney and release liability (or had it read to them), and that they understand the same.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Or Legal Guardian's Signature _____ Date _____

Witness Signature _____ Date _____

Address of Parents or Legal Guardian _____ City _____ State _____ Zip _____

Home Phone Number () _____ Work Phone Number () _____

Other Emergency Contact Phone Number () _____