

Camp Canaan

Application and Liability Release

Name _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Telephone Day _____ Telephone Night _____

Allergies _____

Doctor's Name/Phone Number _____

Insurance Policy Information _____

Emergency Phone Number _____

Pastor's Name/Phone Number _____

I give the administration of Camp Canaan and Pastor Noah Broughton permission to seek medical attention for my child.

Parent's Signature _____

Date _____