



CHATTANOOGA WORK CAMP REGISTRATION

MAY 30-JUNE 2, 2018 (COST: \$50)

Student Name _____

Address _____

Phone Number(s) _____

Email _____

Grade completing: _____ Age: _____

Experience painting? _____

Can climb a ladder? _____

Any special work skills? _____

T-shirt (please circle choice): Youth: L Adult: S M L XL XXL

Medical Information: Please complete blanks below.

Are you allergic to:

Bee stings? _____ Penicillin? _____

Other antibiotics? _____ Local anesthetics? _____

Other? _____

Medications currently taking: _____

Last tetanus shot: _____

Special medical considerations?: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____

Policy # _____

Parents Sign Below: My child has my permission to attend Chattanooga Work Camp. I give my permission for my child to receive the best possible medical attention available in the case of sickness or accident. I will not hold Chattanooga Work Camp or adult leaders responsible in any way for accident or injuries.

Signature of Parent or Guardian

Date