



Camp Central

5470 Raleigh LaGrange Rd. Memphis, TN 38134
(901)386-8161 Fax (901) 869-8432
A Ministry of Central Baptist School

Camper Information

Child's Full Name: _____

Age: _____ DOB: _____ Address: _____

City: _____ Zip Code: _____

On which days will your child attend Camp Central?

Daily (Mon.- Fri.)

If not daily, please check all that apply.

Monday Tuesday Wednesday Thursday Friday

Vacation Dates: _____

Contact Information

With whom does the child live (do not include step-parents)? Both parents Mother Father

Does the child live with a step-parent? Yes No (Please fill in step-parent information below)

Place a * by the number that we should call first.

Father: _____ Place of employment: _____

Work Number: _____ Cell Number: _____

Email address: _____

Mother: _____ Place of employment: _____

Work Number: _____ Cell Number: _____

Email address: _____

If the child lives with a step-parent, please fill in the following information:

Name: _____ Place of employment: _____

Work Number: _____ Cell Number: _____

Email address: _____

Does your child have any medical conditions that we should know about? If yes, please explain.



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Release Information

Other than the parents, who has permission to take your child from camp? Your child will **NOT** be released to anyone not on this list.

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell/Work Number: _____

Is there anyone who is NOT allowed to pick up your child? Yes No

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I authorize Camp Central to take whatever emergency medical measures deemed necessary for the protection of my child while in their care. I understand that this authorization includes calling a physician, implementing his instructions, and transporting my child to a hospital or clinic without first obtaining my consent.

Signed: _____ Date: _____

Please initial each.

Camp Central has my permission to apply sunscreen or insect repellent as needed. _____

Camp Central has my permission to allow my child to watch "G" rated movies. _____

My child may view educational material on the internet with the supervision of an adult. _____