

**TRIQUEST SUMMER CAMP 2008  
ADULT REGISTRATION FORM**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_ BUSINESS PHONE (    ) \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CHURCH \_\_\_\_\_ PASTOR \_\_\_\_\_

Name of person to contact in case of emergency: \_\_\_\_\_

**For office use only:**



**HEALTH INFORMATION**

NAME \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_

MEMBER NUMBER \_\_\_\_\_ FAMILY PHYSICIAN \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER (    ) \_\_\_\_\_

Is this camper on any medication? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, name: \_\_\_\_\_

Dosage \_\_\_\_\_

Please state past histories (if any) pertaining to (1) allergies (2) diabetes ( 3 ) epilepsy

\_\_\_\_\_

Has there been a tetanus shot administered in the last: One Year \_\_\_\_\_ Two years \_\_\_\_\_

Other information stated by parent or legal guardian \_\_\_\_\_

(Please make copies from this form)