

Camp Holy Wild

Guest Registration Form

Personal Information

Name of Group: _____

Name: _____ Age: _____ D.O.B: _____ Sex: M or F

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Health Record

(all blanks must be filled in)

1. Any known allergies? _____
2. Allergic to any medications? _____
3. Any physical disabilities or limitations? _____
4. Any recent illness or injury? _____
5. Date of last tetanus shot? _____
6. Emergency Contact? _____ Phone: _____
7. Name of physician? _____ Office Phone: _____
8. Insurance Company? _____ Case/Group #: _____
9. Name of Insured? _____ Phone: _____

Medical Release

I, _____ as myself or a parent/guardian of _____
release Camp Holy Wild, its agents, and employees from any claims or causes of action arising from or
connected with attendance at Camp Holy Wild, New Caney, Texas.

I further agree that Camp Holy Wild, its agents, and employees are authorized to provide such medical care
as may be necessary in their judgment during attendance at Camp Holy Wild.

Camper/Guardian Signature: _____ Date: _____

Media Release

(permission for photo/video)

I understand that as a participant at Camp Holy Wild, I or my child may be photographed or videotaped
during normal activities and these photos/videos may be used in promotional materials including but not
limited to Camp Holy Wild's website, printed materials, and Facebook.

Camper Signature: _____ Date: _____

Guardian Signature: _____ Date: _____