

Camp Keola
Camper Health Form

Complete One Form Per Camper for Youth Camps or other camps
when unaccompanied by parent or guardian.

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Boy _____ Girl _____ Birth Date ____/____/____

Parent/Guardian Names:

1) _____

Day Phone _____ Hm. Phone _____

2) _____

Day phone _____ Hm. Phone _____

Health:

Health Insurance Company and Policy Number

_____ # _____

Please attach a copy of insurance card to the application

Physician's Name _____

Phone Number (____) _____

Check any that apply:

Asthma _____ Fainting _____ Seizures _____

Diabetes _____ Allergies _____ Heart Trouble _____

Other, please describe _____

Are there any other health conditions we should be aware
of or limitations of activities for medical reasons?

What medications do they take regularly?

Date of last Tetanus shot _____

You may list one (same grade) preferred cabin mate

How did you hear about Camp Keola? _____

Fee Estimate:

Camp Fee _____

Bus Fare (\$60) + _____

Late Registration fee if
postmarked after 6/20/08 + _____

"Friends" discount - _____

Total Camp Cost = _____

Church Scholarship expected - _____

From which church?

Amount enclosed with this registration \$ _____

Check # _____

* Please make checks payable to Camp Keola

I have read the Camp Rules and agree to abide by them. I understand that failure to comply with the Camp Rules or failure to follow the instructions of the Camp Director may result in my expulsion from camp, in which case my parents will be called to take me home.

Camper's Signature

Parent or guardian signature (if camper is under 18)

**Send the completed registration,
health form and copy of health insurance card to:**

**Registrar, Camp Keola
P.O. Box 25925
Fresno, CA 93729-5925**

You will receive a confirmation letter
and a map once your registration has been processed.

Questions? Call (559) 348-3213
e-mail: info@campkeola.org