

# Central Texas Christian Camp INC.

Operating as a non-profit organization

## CAMPER APPLICATION

June 17<sup>th</sup>-23<sup>rd</sup>

Camp Theme: "True Christian Grit"

MAIL APP TO: JOE SQUIERS

1918 W FM 1644

FRANKLIN, TX 77856

## Personal Information

Home Church:	T-Shirt Size: Select a Size
Name:	
Male or Female:	Enclosed Amount
Grade Completed:	Check Number
Address:	Select Payment Amount
City/State/Zip	
Phone:	
Email Address:	

Birth Date:
Last Tetanus Shot
Allergies: (please explain reaction)
Family Physician:
Insurance Company:
Emergency Contact: (Name & Ph. Number)
Relationship to Emergency Contact:

**I have read, understand and accept all camp rules, dress code and medical restrictions. PRINT/SIGN/Mail this page with payment.**

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact Information

Joe Squiers, 817.773.2775  
[joesquiers@gmail.com](mailto:joesquiers@gmail.com)  
Scott Squiers, 817.689.3328  
[scottsquiers@gmail.com](mailto:scottsquiers@gmail.com)

Make checks payable to Central Texas Christian Camp Inc.

Early Bird tuition has to be received by May 1<sup>st</sup>.

## Medical Release Form:

I/we the parents or legal guardian of above listed camper, a minor, hereby authorize and consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which are deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician

Parent Signature – Print and Sign

Please make a copy of the back of the application to keep for information on what to bring and not bring to camp.