

Pot O' Gold Ranch  
Camp Fee is \$ \_\_\_\_\_

**POT O GOLD RANCH**

Camper No. \_\_\_\_\_  
(Office use only)

### REGISTRATION CARD

Dates of CAMP WEEK camper is attending: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Camper's Email \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

List Camper's Allergies \_\_\_\_\_

Medical Problem \_\_\_\_\_

I/we hereby authorize YOUTH CAMPS, INC (Pot O' Gold Ranch, Comfort, Texas) and its directors and staff, to seek and obtain and consent to emergency medical care and treatment for Me/my child and I/we will pay all charges not covered by provisions of camp insurance. I/we agree to hold harmless and indemnify YOUTH CAMPS, INC. and its directors and staff for any physical injury/loss of life, that may occur while I/my child participates in activities on the property of Youth Camps, Inc.

#### ALL ADULT CAMPERS -- PLEASE SIGN YOUR CARD HERE, ALSO

Parent's/Guardian's signature required \_\_\_\_\_

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