

Calvary Cadet Troop 2707

Campout Registration Form – Spring 2008

Boy's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone # Day \_\_\_\_\_

Phone # Day \_\_\_\_\_

Evening \_\_\_\_\_

Evening \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ (Relation) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

My child \_\_\_\_\_ has permission to go on the campout and with the Calvary Cadet Troop 2707. I agree to waive all legal rights against the troop, counselors, and Calvary Church of Orland Park in regards to my son's attendance at the activity and to hold the above troop, its counselors and the church harmless from any liability whether contingent or induced.

**Please list any medical conditions and/or allergies of your child and medications that he may need to take:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fees: A Fee of \$30.00 is due for this campout to attend.  
Please make checks payable to: Calvary Cadet Troop 2707**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_