Registration for Oconee Baptist Camp

Name	Age Male Fem ale
Phone ()	Church
Address	Shirt Size(circle one) YS YM YL S M L XL XXL XXXI
	Emergency Contact Number
	□ Junior Camper □ Teen Camper
Do you have any food allergies? Yes _	No If yes, please list allergies below:
As a camper I agree to abide by all the rules	set forth by the Oconee Baptist Camp. I further understand that failure on my part to comply w anizers and counselors will merit my immediate dismissal from the Oconee Baptist Camp.
Campers Signature	Date
will not be held liable for injuries incurred	hild to attend the Oconee Baptist Camp. I understand that the organizers, counselors or church as a result of my child's attendance and participation at this camp. Should injury or illness occ e provided at the local hospital. I shall be fully responsible for payment of such cost.
Parent/Guardian Signature	Da te
	Registration for Oconee Baptist Camp
Jame	
	Age Male Female
hone <u>()</u>	Age Male Fem ale Church
hone <u>()</u>	Age Male Female Church Shirt Size(circle one) YS YM YL S M L XL XXL XXXL
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