

Camp Tamarack  
 American Baptist Churches of WI  
 15330 Watertown Plank Rd., Elm Grove, WI 53122-2391

**FAMILY AND ADULT CAMPER ANNUAL INFORMATION FORM**  
**ALL CAMPERS MUST FILE THIS FORM EACH YEAR**  
 This form with up-to-date information must be completed, signed and turned into the  
 Camp Director at time of registration for your camp.

<u>NAME OF CAMPER(S)</u>	<u>BIRTH DATE</u>	<u>ALLERGIES</u>	<u>SEX</u>	<u>AGE</u>
Name	Birth date	List	M or F	Age
Name	Birth date	List	M or F	Age
Name	Birth date	List	M or F	Age
Name	Birth date	List	M or F	Age
Name	Birth date	List	M or F	Age
Name	Birth date	List	M or F	Age
Name	Birth date	List	M or F	Age

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ / \_\_\_\_\_ Cell phone \_\_\_\_\_ / \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Phone number \_\_\_\_\_ / \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

(OVER)

**I understand that the camp does not carry health/accident insurance and I accept responsibility for the cost of medical care which may not be covered by my own medical/hospital insurance.**

**I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me in an emergency in the event I cannot act on my own behalf and none of the persons listed under Emergency Persons on this form can be reached.**

---

Signature of parent or adult

---

Date

**(OVER)**