Registration for Oconee Baptist Camp

Name	Age Male Female
Phone ()	Church
Address	Shirt Size(circle one) YS YM YL S M L XL XXXL XXXL
	Emergency Contact Number
□ Ju	nior Camper
Do you have any food allergies? Yes No	If yes, please list allergies below:
	the Oconee Baptist Camp. I further understand that failure on my part to comply with counselors will merit my immediate dismissal from the Oconee Baptist Camp.
Campers Signature	Date
will not be held liable for injuries incurred as a result o	d the Oconee Baptist Camp. I understand that the organizers, counselors or churches f my child's attendance and participation at this camp. Should injury or illness occur at the local hospital. I shall be fully responsible for payment of such cost.
Parent/Guardian Signature	Date
Registra Name	Age Male Female
Phone ()	Church
Address	Shirt Size(circle one) YS YM YL S M L XL XXXL XXXL
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