

Registration Form:

To Register, send your \$50 registration fee with this form to the following address:

2525 Goldrush Road, Pigeon Forge, Tennessee 37863

Phone:(866)621-3275 * Fax:(866)540-2254

www.tsmcv.org



Personal Information:

Name of Camper: _____ Check if Sponsor
Sex: M / F Age: _____ Birthdate: _____
Church Group: _____
Parent's Names: _____
Camper's E-Mail: _____
Phone Number: () _____
Address: _____
Street City State Zip Code
Dates of Event: _____

Medical Information:

Emergency Contact: _____ Phone: () _____
Relationship _____
Primary Medical Care Provider: _____
Address: _____
Street City State Zip Code
Primary Medical Insurance Provider: _____
Name of Policy Holder: _____ Policy Number: _____
Medical History/ Allergies/ Dietary Needs/Pre-existing Medical Concerns: _____

Medications Currently Taking: _____
Date of Last Tetanus Shot: ____ / ____ / ____
Parent/ Legal Guardian Name: _____
Phone: () _____ E-mail: _____

If applicant is under 18 years of age, please provide parent signature giving permission for leaders to administer over-the-counter medications as needed (e.g. Tylenol, Benadryl, Advil, etc.):

Signature

Date

In signing this application, I hereby certify that the person named on this form is in good health and may participate in the activities of Smoky Mountain Christian Village (SMCV). In case of medical emergency, I authorize SMCV officials to secure medical treatment that includes injection, anesthesia, surgery or dental treatment for the camper named on this form. I agree the camper will abide by SMCV rules of conduct and use of camp property and will participate fully in the camp program. If SMCV officials deem it necessary for him/her to return home because of illness or any other reason, I will abide by the Camp's decision and I will make arrangements to bring him/her home.

Signature of Participant

Date

Signature of Parent/ Legal Guardian (if applicant under age 18)

Date

Notarizing this form will speed emergency medical service