

July 16-20, 2018

9:30 a.m. – 12:30 p.m.



## BDC 2018 Registration- Campers 3-11 year olds

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_



### Medical Release

**Purpose:** Allows parents to authorize medical treatment for children (up to and including 17 years of age) when a parent cannot be reached.

I, \_\_\_\_\_, hereby consent to the rendering of emergency department care and such medical treatment as the attending physician of the facility's medical staff considers to be necessary for my child, \_\_\_\_\_, on and including the dates of July 16-20, 2018.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

ALL known Allergies: \_\_\_\_\_

Signature of Parent or Guardian: X \_\_\_\_\_

**Please return registration form to Tracy Pettinger OR mail to:**

Tracy Pettinger

Tracy's cell: (614) 306-5943

8040 Equestrian Ct.  
Concord, OH 44060

e-mail: [tracypettinger5@gmail.com](mailto:tracypettinger5@gmail.com)