

**ALACCA Bible Camp
Youth Registration Form**

PO Box 232, Grangeville, ID 83530

E-Mail: camp@alacca.org Phone: (208) 983-1188 Fax: 208-983-7954 Web Site: www.alacca.org

Please print clearly, your information is very important to us!

Name & Date of Camp or Retreat : _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Male Female (Please circle one) Birthday _____ Age _____ Grade in Fall _____

Parent Name _____ Phone _____

Church _____ Pastor _____

List any roommate choices _____

List and allergies, food or others _____

List all medications (prescription and over the counter) to be taken at camp, including names,
reason, dosage schedule, etc. _____

Describe any physical and/or emotional issues we should know about _____

In case of emergency call _____ Phone _____

I will cheerfully observe all camp rules. Since all reasonable care is taken to insure the safety of retreat participants at all times, I will not hold ALACCA, the Camp Director, or Board of Directors responsible for accidents on the ALACCA camp grounds or enroute to and from the camp property. If medical treatment is necessary by a certified First Aid person, a Nurse or Doctor, I hereby grant my permission.

Camper Signature _____

Parent/Guardian signature if under 18 _____

OFFICE USE ONLY

Registration Fee Paid _____ Cash Check # _____ Camp Store Deposit _____

T-Shirt Purchase _____ Cash Check # _____