

# GUEST REGISTRATION

SPONSORING  
GROUP

\_\_\_\_\_

GUEST NAME

\_\_\_\_\_

SEX

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

AGE

\_\_\_\_\_

CITY/STATE/ZIP

\_\_\_\_\_

D.O.B.

\_\_\_\_\_

HOME PHONE

\_\_\_\_\_

BUSINESS/CELL  
PHONE

\_\_\_\_\_

## HEALTH RECORD

(all blanks must be filled in)

1. Any known allergies?

\_\_\_\_\_

2. Allergic to any medications?

\_\_\_\_\_

3. Any physical disabilities or limitations?

\_\_\_\_\_

4. Any recent illness or injury?

\_\_\_\_\_

5. Date of last tetanus shot?

\_\_\_\_\_

6. Name of your physician?

\_\_\_\_\_

Phone

\_\_\_\_\_

7. Insurance Company

\_\_\_\_\_

Case/Group#

\_\_\_\_\_

8. Name of Insured

\_\_\_\_\_

Phone#

\_\_\_\_\_

## MEDICAL RELEASE

I, \_\_\_\_\_ as parent/guardian of \_\_\_\_\_  
release Camp Holy Wild, its agents and employees from any claims or causes of action arising from  
or connected with attendance at Camp Holy Wild, New Caney, Texas

I further agree that Camp Holy Wild, its agents or employees are authorized to provide such medical  
care as may be necessary in their judgment during attendance at Camp Holy Wild.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_