

**Application for Timber Creek Camp**  
**July 25<sup>th</sup> – 29<sup>th</sup>**  
**Application due by 7/11/10**

Today's Date \_\_\_\_\_  
Name of Camper \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
Age as of 7/10 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Next Year \_\_\_\_\_

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Parent/Guardian(s) Name \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (work or cell) \_\_\_\_\_  
Emergency Contact (other than Guardian) \_\_\_\_\_  
Emergency Contact Phone Number \_\_\_\_\_

**Agreement with Parent and/or Guardian**

In consideration of the acceptance of the hereon-named applicant, we the undersigned parent(s) and/or guardian, as the case may be, covenant and agree with Meadowbrook Church of Christ, Jackson, MS that we will at all times hereafter indemnify, keep indemnified and save harmless the said Meadowbrook Church of Christ, from all actions, proceedings, claims, demands, costs, damages, and expenses which may be brought against or claimed from Meadowbrook Church of Christ, or which it may pay, sustain, or incur as a result of sickness, accident or misadventure to the applicant here-on named during the period that said applicant is a participant in the Timber Creek Camp session hosted and directed by the Meadowbrook Church of Christ.

Witness our hand(s) on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.  
\_\_\_\_\_ X

**HEALTH INFORMATION**

Health Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_

In case of SURGICAL EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on this application.

Signed \_\_\_\_\_ X  
(Parent / Guardian)

**Immunizations**

Give dates OR check box below:

DTP \_\_\_\_\_ Polio Series \_\_\_\_\_  
MMR \_\_\_\_\_ HIB \_\_\_\_\_  
Tetanus \_\_\_\_\_ Tine Test \_\_\_\_\_

All listed vaccinations are current Y / N

List any special conditions or needs that would help us with your child, especially conditions like asthma, allergies, ear infections, medications, etc.

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**Mail Applications to:**

**Meadowbrook Church of Christ**  
**Attn: Timber Creek Camp**  
**4261 I-55 N**  
**Jackson, MS 39206**

**Please include \$50 deposit (or full amount of \$175)**  
**Make checks payable to Meadowbrook C of C**