



On-line Registration. Step 1 of 3

Each person should register separately. Select your Group or Organization or, select "I am attending this event as an individual" and then select the program you wish to attend.

*=Required Field

Group/Organization Affiliation*

Anaheim of the Nazarene ▼

Select Program/Event*

Summer 2019 MAC Combo 07-28-2019 to 08-02-2019 ▼

Attendee's First Name*

Last Name*

Counselor

Check if attending as a Cabin Counselor

Gender*

Male Female (Used for housing purposes only)

Birth Date

 

Mailing Address*

Address Line 2

City

State

ZIP Code

Primary Phone*

Secondary Phone

Email*

Parent/Guardian Last Name

Parent/Guardian First Name

Parent/Guardian Relationship

Parent/Guardian E-mail

(Put a comma(,) or semicolon(;) between multiple e-mail addresses)

Roommate Request

Diet*

Describe any dietary restrictions or food allergies. Enter "none" if you don't have any.

Allergies*

Describe any other allergies. Enter "none" if you don't have any.

I am 18 or older and choose to decline to provide Health History Information

Medical Treatments*

Describe any past medical treatments relevant to participating in camp activities. Enter "None" if you don't have any.

Last Tetanus shot

Enter approximate month and year of last Tetanus shot. If for religious and/or other reasons, you choose to not disclose these records please enter "No"

Approx date of last Medical Exam

Are other immunizations current?

Yes No

If no, please list here

List all medications sent to camp*

All medications must be sent in the prescription bottle with label. List all medications sent or enter "None"

May Tylenol, Benadryl, Cough Drops or Tums be administered?*

Yes No

Medical Restrictions*

Describe any current medical and/or behavioral conditions that require medications, treatment, or special restrictions while at camp. Enter "None" if you don't have any.



First Name

Last Name

Suffix

Physician's Address

Address Line 2

City

State

ZIP Code

Physician's Phone

Medical Insurance Company

Policy Number

Emergency Contact:

Full Name*

Relationship*

Primary Phone*

Secondary Phone

Parent/Guardian Signature