

Student Registration and Medical Release Form



Gender (circle one): M F		Group I.D. #:
Parent/Guardian Name:		Subscriber I.D. #:
Address:		Allergies:
City:	State: Zip:	
Home Phone: (<u>)</u>	Business Phone: ()	If parent/guardian is unavailable in case of an emergency, please contact:
Student Birth Date:/	/ Grade in School:	Name:
Home Church:		Relationship: Phone: ()
City:	State:	
event, I give my permission fo	r such care.	participation. If medical attention is required for illness or injury while attending this Date:
archie duardian Signature.		Putc.
	ident Signature:	Date: uphy of their student agree to contact Cedarville University in advance of the event to resolve
any issues regarding the use of t		pri) or anen statem ug. et to tomate teath me om tish, in all anet or the created testing
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		amp Information
	Academic C	amp Information trash can
What to Bring:	Academic C pen/pencil personal items	amp Information trash can snack money
	Academic C	amp Information trash can snack money

Campus Contact Information

that are camp specific. Please check the camp website for those guidelines.

Event Services: 1-877-233-2784 (toll free) | 937-766-4444