



# CAMP MEADOWLARK APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Name and phone numbers for emergencies	
1)	_____
2)	_____

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Age: \_\_\_\_\_

Shirt Size:       Sm

Med

Lg

XL

School attending: \_\_\_\_\_

Grade level next Fall: \_\_\_\_\_

1 Day Clinic

2 Day Camp

1½ Day Clinic

3 Day Camp

Coaches Clinic

5 Day Camp

Return with 50.00 deposit or full amount.

**Make check payable to:**

**Meadowlark Lemon Ministries**

13610 N. Scottsdale Road Suite#10267

Scottsdale, AZ 85254

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### FOR OFFICE USE ONLY

**Deposit**

**Full Payment**

**Check#** \_\_\_\_\_

**Amount** \_\_\_\_\_

**Date** \_\_\_\_\_

**Bank** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Paid in full:**    **Y / N**

**Bal Due** \_\_\_\_\_

**Cash** \_\_\_\_\_



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## Medical Release Form

*I grant my son/daughter permission to attend Camp Meadowlark.*

I realize that injury or illness could result from or during participation in the camp/clinic and I hereby give my consent for medical treatment and permission to the attending physician to hospitalize, secure treatment and order injections, anesthesia or surgery as deemed appropriate. I will assume responsibility for medical and other charges in connection with my son's/daughter's attendance at camp/clinic. I further acknowledge that Camp Meadowlark, its owners, its coaches, or the facilities and anyone associated with the camp/clinic will not be liable for and damage from injuries or illness sustained at the camp.

I understand that no one will be permitted to attend camp/clinic without insurance and certify that my son/daughter is covered by medical insurance.

Applicant's Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Any restrictions on participation/medical problems? Y / N

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Parent or legal guardian**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_