

TENNESSEE FIREFIGHTERS BURN FOUNDATION, Inc.
CAMP PHOENIX
Camper Registration

❖ **Camper Name:** _____ **Age:** _____

❖ **Address:** _____

❖ **Phone Number:** _____ **T-Shirt Size:** S M L XL XXL

❖ **Grade Attended in school this year:** _____ **Date of birth:** _____

❖ **Allergies/Reaction:** _____

❖ **Medications camper is taking/Dosage/Times taken:** _____

❖ **Any Dietary Restrictions?** Yes No

○ If so what type? _____

○ _____

❖ **Burn History:**

○ **Date of injury:** _____ **Type of burn:** _____

○ **Percent of body burned:** _____ **Where treated:** _____

Please describe briefly how camper was burned: _____

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❖ Does your child wear pressure garments or any other bandages? If yes, how long per day? _____

❖ Any other information that the camp nurse/doctor should know? _____

❖ Immunizations up to date? Yes No

❖ Date of last tetanus shot: _____

❖ Medical Insurance Information:

○ Name of insurance agency: _____

○ Policy Number: _____ Expiration date: _____

❖ Parent(s) Name: _____

❖ Phone number where you can be reached during camp: _____

❖ In case of an emergency please contact: _____

❖ Email Address: _____

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❖ Another emergency contact: _____

❖ Any other information about the camper that the counselors should know: _____

I hereby make application for my child to attend Camp Phoenix. The applicant and undersigned understand and agree that Camp Phoenix is not liable for the loss of property or injury. I understand and agree to release Camp Phoenix; it's Directors, Employees (if applicable), and Volunteer Staff from any responsibility for accidents and/or incidents in connection with any related activities, including camp, special event or trips.

Camp Phoenix will not be held liable for your child leaving the campgrounds. I release the right to all photographic material that Camp Phoenix might use for promotional activities without obligation to my child and me. In case of illness, accident, and/or incidents, permission is granted to those in charge to take steps for proper treatment and care when parents cannot be contacted. I fully understand and agree to all the conditions stated on this form and have counseled my child to conform to the rules and authority of those in charge of activities.

PARENT/GUARDIAN SIGNATURE _____ Date _____

CHILDS SIGNATURE _____ Date _____

Return to: Judy King
7109 Singer Dr.
Fairview, TN 37062
615-799-9117 (Home)
615-936-5705 (Work)
judy.king@vanderbilt.edu