## Mississippi Winter Retreat Walk-in Application January 17 - 19, 2025 KAMP KUMBAYA, EUPORA, MISSISSIPPI

Youth Ages: 13 and up Walk-In Tuition: \$75

Date of last tetanus shot	Name:	Phone:	Age Male Female	
Medical Information: (Please include a copy of Health Insurance Card)  Please list any health problems  Please list any medications you are taking  Date of last tetanus shot List of allergies  Health Insurance Company Policy Number  Family Physician Phone Number ()  In case of sickness or injury, I hereby grant permission to any physician selected by the camp to give the necessary medical treatment to the person registered on this form. I understand that my medical insurance company will serve as the Primary Coverage and Kamp Kumbaya insurance company secondary insurance. Kamp Kumbaya insurance provides coverage only for accidents which occur during scheduled events for up to and not to exceed \$2500.00. Pre-existing medical/physical problems or injuries which camper may have upon registration are my responsibility. Kamp Kumbaya will not be liable for any of the expenses incurred in such cases.  Signature of applicant (if 18 years old and over)  Signature of parent/guardian (if applicant is under 18 years old)  — Please exclude me/my child from any photographs for organization advertising, media, video, audio, or other marketing purposes.  Check-In is at 4:00 pm Friday and Check-out is 12:00pm Sunday.  For Office Use  For Screening Purpose by Nurse  Application Screened PNO  WWW.KampKumbaya.com	Address:	City	StateZip	
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