

# JOHNNY NEWMAN CAMPS REGISTRATION FORM



If paying by cash or money order, please complete this form, print, sign and mail this application along with full payment to: **JNCAMPS, P.O. Box 5549, Richmond, VA 23220**. Payment and registration are also accepted online by visiting: [www.johnnynewmancamps.eventbrite.com](http://www.johnnynewmancamps.eventbrite.com).

*We operate on a first-come, first-serve basis with a limited number of campers per session. Returning campers are not guaranteed enrollment.*

Camper Name (child)	Last:	First:	
Current Age:	Birth date:	Gender:	
Address:		City, State, Zip	
Parent's Email Address:			
Grade:			
Shirt Size:			
Camp Session:	Fatherhood Camp	Shooting Camp	
Name of Parent/Guardian	Last:	First:	
Phone number			
Family Physician:	Physician Phone:		
Date of Last Tetanus Shot:			
Medical/Accident Insurance Provider:			
Address of Medical/Accident Insurance Provider:			
Policy Holder's Name:	Last:	First:	Policy Number:
Policy Holder Employer:			
Known Allergies:			

*By submission of this form, I hereby certify that my son or daughter is in good health and may participate in all camp activities. I will not hold the university the camp or Johnny Newman, responsible in the event of an accident or injury as a result of his or her participation. I also give permission for my child to be given emergency treatment at a local hospital. I also acknowledge and accept the terms of the Johnny Newman Camps Cancellation Policy as stated on the JNCAMPS site. All camp associated photos can and may be used for future camp promotions for JNCAMPS.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

