

Greenbrier Christian Retreat
PO Box 624
White Sulphur Springs, WV 24986
Greenbrierchristianretreat.com
(681) 303-0090 / (304) 392-6092



Camper Information

Name _____
Birthday _____ Age _____ Male Female
Address _____
City _____ State _____ Zip _____
Email _____
Phone: Home _____ Cell _____
Grade for upcoming school year _____
Church Name _____

Medical Information

Camper Physician _____
Phone _____
Campers must be immunized against: Mumps, Measles, Whooping
Cough, Polio, Diphtheria, Rubella, Tetanus
Tetanus current? Yes No
Medications taken regularly _____

Reason for taking medication _____
Health or Behavioral concerns that you would like our staff to know
about your child _____

Drug allergies or other allergic reactions _____

Dietary needs / restrictions _____
Pre-existing conditions _____

Parent / Guardian Information (only 1 required)

Name _____
Relationship to Camper _____
Email _____
Emergency Contact Phone Numbers:
Primary _____
Secondary _____
Name _____
Relationship to Camper _____
Email _____
Emergency Contact Phone Numbers:
Primary _____
Secondary _____

Insurance Information

Insurance Company Name _____
Policy / Group ID _____
Cardholder Name _____

I DO NOT WISH MY CHILD TO PARTICIPATE IN:

I have read the general information and I agree to support Greenbrier Christian Retreat in the dress and conduct regulations for my child. I also give permission for my child to attend and to use photos and video, including the camper in camp publicity. In case of medical emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for my child. I agree to the transportation of my child for activities at Greenbrier Christian Retreat.

Parent / Guardian Signature - Date