

# 2022 Camp UTIBACA College and Career Retreat Registration Form

August 11-13, 2022

*Please Bring Completed form with you to Retreat  
Or email to Sam Miller: [camputibacadirector@gmail.com](mailto:camputibacadirector@gmail.com)  
(Questions? Call 435-671-7527)*

Name: \_\_\_\_\_ Age \_\_\_\_\_ Bday \_\_\_\_\_

Year in School \_\_\_\_\_ School Attending (If Any) \_\_\_\_\_

Male \_\_\_ Fem \_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Medical Ins Co \_\_\_\_\_ Policy # \_\_\_\_\_

Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

### Special Medical Information

If you have a medical need or problem, please enclose a note and attach it to the registration form. The Camp provides limited secondary accidental medical insurance. It does not cover illness. The camper, parent or guardian must still provide the primary medical insurance. It is also necessary in case of an emergency for you to sign the following statement:

“In case of a medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event they cannot be reached, I hereby give permission to a physician selected by the Camp Director to secure proper treatment and/or hospitalize, including diagnosis, medicines, injections, anesthesia and/or surgery for camper (named above). I agree to the release of any records necessary for treatment, referral, billing, and/or insurance purposes. I also affirm that the medical information on this form is accurate and complete.”

Parent/Guardian Signature (if minor) \_\_\_\_\_

Camper Signature (18 years or older) \_\_\_\_\_

Food, Drug, or Bug Allergy	Reaction	Mild	Serious	Life-Threatening

Medication/ Supplement	Dosage	Quantity Morning	Quantity Noon	Quantity Evening