

**Greenbrier Christian Retreat**  
 PO Box 624  
 White Sulphur Springs, WV 24986  
[Greenbrierchristianretreat.com](http://Greenbrierchristianretreat.com)  
 (681) 303-0090



**Please Circle Week:**      **Teen Week (6/21 – 6/25)**  
    **Junior Week (6/28 – 7/2)**  
    **Wilderness Troops (7/12 – 7/17)**

**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