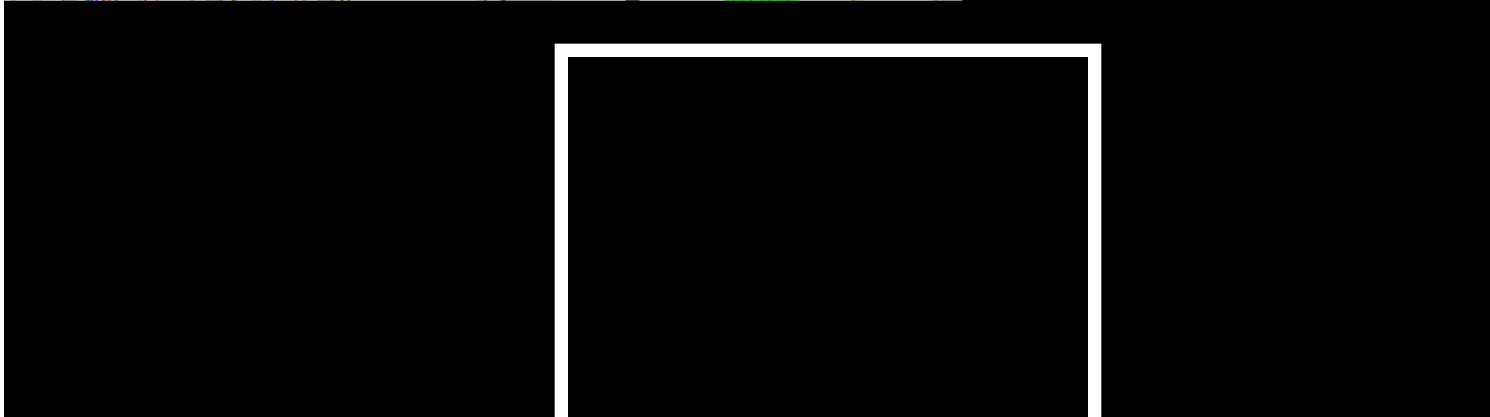


TO BE COMPLETED BY PARENT OR GUARDIAN

+%4&56\$!7)\$2!8),/!	!!!!!!!340\$2!8),/!	!!!!!!!9:/!	!!()2!#;!<402%	!!!!!!+),-!>42!
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Birth history page of Form _____ Does the child/adolescent have a past or present medical history of the following?



!"##\$%&%'()*+,,-%)\$(-,,.'/0*&)(.0',
123,40!%'(*%5"%!(_____ ,

I accept all terms of enrollment and give permission for my child to participate in all activities including trips away from the campsite. I understand that the camper cannot attend without an updated & signed medical form and that MMCC assumes no responsibility for personal property. I agree that photos taken by the camp may be used for publicity purposes and I agree to make payment in full before the start of the session. I also give the camp the authority to obtain necessary emergency medical treatment for my child.

