

Barren Heights Retreat Application

Date for which you are applying	Today's Date	
Primary Contact	Primary Phone-	Mobile Phone -
City	State	ZIP
Email	Emergency Contact Name	
<i>NAMES WILL BE PRINTED ON CAMP ROSTER AS LISTED</i>		Emergency Phone

Family Members Attending			Date of Birth	Disability if Applicable
Husband/Father's Name				
Wife/Mother's Name				
Child 1	Male	Female		
Child 2	Male	Female		
Child 3	Male	Female		
Child 4	Male	Female		
Child 5	Male	Female		

Referral Information

How did you learn about Barren Heights

Family Medical Information - please complete for each family member

Drug allergies

Current medications

Food restrictions, allergies or special requirements

Medical conditions, considerations, and/or limitations

Insurance Information

This information will be used for special test, X-rays or any other medical consultations.

Who is your Insurance Provider?

Name of Insurance Company _____ Medicaid # _____

Address _____ Business Phone # _____

(City) (State) (ZIP) Policy # _____

For group insurance, please give company name: _____

Name of Parent/Guardian who insures camper: _____

PLEASE ATTACH A COPY OF INSURANCE CARD IF APPLICABLE

Barren Height5s Christian Retreat Center, Inc.
3109 Brownsboro Vista Drive
Louisville, KY 40242
Phone (502) 327-9495

