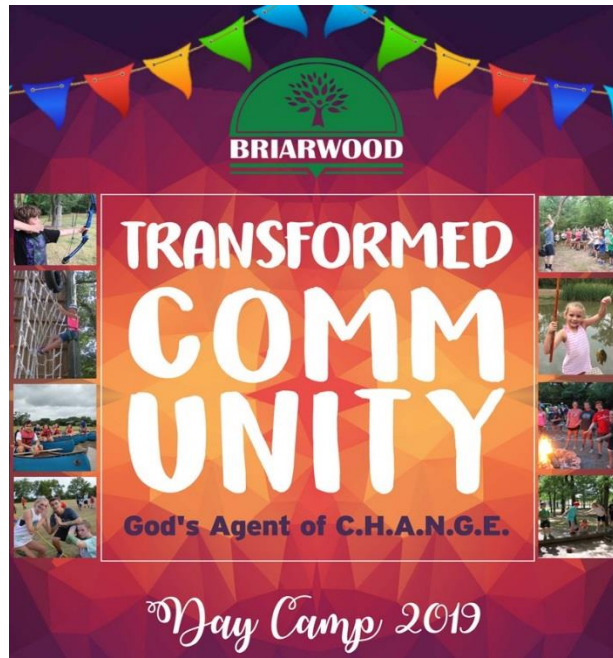


July 15th - July 19th
9:00 am - 3:30 pm



Completed
Kindergarten to
5th Grade
\$10 per Child

Registration Form for Day Camp 2019

Please complete One per Child

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Parent Name(s) _____

Home Phone _____

Cell Phone _____

E-mail _____

Emergency Contact _____

Relationship _____ Phone _____

Physician _____ Phone _____

Insurance Policy and # _____

Birth Date _____

Last Grade Completed _____

Home Church _____ City _____

Please tell us about your child:

Will they need any medications during camp? _____

Any allergic reactions? _____

Dietary restrictions? _____

Any restrictions to physical activity? _____

Will they have any family participating at camp? _____

Is there anything you would like to share with the Day Camp staff? _____

Release:

My child has permission to take part in all camp activities and I will not hold Briarwood, its staff, or the host congregation responsible for accident claims and damages arising therefrom. I take responsibility for any medical obligations incurred during the camp. I authorize the staff to take such actions as deemed necessary for the care, welfare, and health of my child including the giving of consent for medical treatment. I also give permission to use photographs/video of my child while at camp for future promotional materials.

Signature of Parent/Guardian

Date

RELEASE OF CAMPER TO NON-PARENT OR GUARDIAN

Please fill out this form if someone other than the custodial parent or guardian is to be picking the child up at the end of the camp day.

Camper's Name: _____

Parent's Name: _____

Name and relationship of the person(s) picking up the child:

List day(s) to be picked up:

Parent/Guardian's Signature

Date