

GREEN COUNTRY CAMP REGISTRATION/RELEASE FORM

Camper Name _____

Please Print

Name _____

Birth Date _____ Grade Completed _____ Male _____ Female _____

Telephone _____ School _____

Name of parent/guardian _____

Address _____ City _____ Zip _____

Phone Numbers: _____

Persons (relationship) to contact in case of an emergency (other than parent/guardian):

1. _____ (_____) Home _____ Work or cell _____

2. _____ (_____) Home _____ Work or cell _____

CDIB? ___ yes ___ no If yes, Nation? _____

I hereby (do ___) (do not ___) give this church and/or Green Country Camp permission to give **over the counter medication** to my child. These may include, but are not limited to, Tylenol, Pepto-Bismol, Ibuprofen, or Benadryl. *Parents/Guardians will be contacted before any medication is given.*

Signature of Parent/Guardian _____

I, _____, give my permission for _____ to attend this event and will not hold this Church or Green Country Camp (Green Country Baptist Assembly) responsible for any accident that may occur. I also give permission for my child to receive medical treatment or attention in case of emergency or illness while traveling &/or while under the supervision of above referenced Church, sponsors, &/or camp staff. I further give full authority to this Church's staff & sponsors to discipline my child as may be deemed necessary. If my child's behavior is such that it may endanger the happiness or the safety of the entire group, the sponsors have my permission to send my camper home after notifying me of their intention. I promise to pay the cost of the return trip should this action become necessary. *I expressly understand & acknowledge that during the course of the camp photographs &/or video footage of my child may be taken & I hereby give permission for such photographs or videos to be used on the camp website &/or for promotional materials for the camp.*

X _____
Signature of Parent/Guardian _____ **Date** _____ **Telephone Number** _____

Church _____

Cabin _____