Camp Registration Form

Camper's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Birthday: _____ Male Femal

Father's Name: _____ Mother's Name: _____

Father's Cell#:_____ Mother's Cell#:_____

Emergency Contact: _____ Phone Number: (_____) -- _____

Medications taken Regularly (All medications must be turned in upon arrival) _____

Activities that my child should not participate in: _____

Known Allergies: _____ Date of Last Tetanus Shot: _____

Insurance Company: _____ Policy Number: _____

Group Number: _____

I authorize my child to be picked up by the following individuals: _____

Home Church: _____

Any special Information that is needed about your child: _____

Program Registering for: circle one

Teen Camp, July 19nd-24th, $125

Jr. Camp, July 26th -30th , $115

Servants Week, July 26th-30th , $90

Leadership Camp Aug. 5th-7th, $75

Teen Retreat, June 25th-26th, $30

Do you want a Picture CD?

Yes No ($5)

Circle T-shirt Purchasing: ($12)

YS YM YL S M L XL XXL

Consent and Release Form

I, the undersigned parent or guardian, hereby consents to my child participating in the activities connected with Teen Insider Camps located at Fernwood Christina Camp on above indicated dates. I certify that my child is able to participate in the activities associated with the above camp. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them above. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time I herby authorize Fernwood Christian Camp or an adult in charge of said group, to make emergency medical decisions for my child, including consent for surgery if required. If there are any activities I do not want my child to be involved in, I have listed them above.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold the Bible Baptist Temple and its agents and employees, harmless from any and all liabilities, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the States of Ohio and Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent or Guardian's Signature:_____ Participants Signature:_____

Date:_____ Day Time Phone #:_____ Evening Phone #:_____