



CHURCH CAMP REGISTRATION FORM

____ 1st-12th Church Camp July 25--29 (Overnight camper)

____ Pre K-1st Day Camper Saturday July 28 from 9am - 2pm

(Please Print)

Child's Name: _____ Nickname _____

Address: _____ Gender: Male or Female

DOB : _____ Age _____ Grade Completed _____ T-shirt Size: Youth _____ Adult _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____ Other: _____

In case of emergency, contact:

Name _____ Phone _____ Relationship _____

Food Allergies: _____

Medical Information & Other Allergies: _____

Current Medication _____

Family Physician: _____ Phone _____

My permission is granted for the Rock Branch Independent Church, Pastor, Camp Director, Nurse and other staff personnel or other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child. Parent/Guardian Initial _____

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the Rock Branch Independent Church from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored activity. I also understand that photographs of my child may be used, without their name attached, strictly for the promotion of the ministries of Rock Branch Independent Church. I also understand that my child may be transported to and from activities while participating at Camp.

Signature of Parent or Guardian _____ Date _____

Medication has been reviewed with Camp Nurse _____

