

Camp Discovery Registration 2017

Please print and use one form per child

Childs Name: _____

Grade Finished: _____ School: _____

Address: _____

Parents Name: _____

Phone (Home): _____ Cell: _____

Work: _____

Emergency Contact: _____

Emergency Contact Phone: _____

T-Shirt Size (Circle One): YS YM YL AS AM AL AXL AXXL

Please list who has permission to pick your child up:

Does your child have any allergies or special needs:

Can your child Swim? YES NO (Circle One)

Steele Creek Options

(Please choose your top three choices with a 1,2, and 3. You will get one of your three choices. First come first serve.)

1st - 3rd Options

___ Playground and Train

___ Short Hike and Playground

___ Bicycling

___ Fishing

___ Field Games and Train

4th - 6th Options

___ Golf Range/Nature Center

___ Long Hike

___ Bicycling

___ Fishing

___ Disc Golf

Medical Authorization and Liability Release Form

I am the parent or legal guardian of _____

(Childs Name). I acknowledge that I have been informed that my child will participate in activities during Camp Discovery WHICH MAY CARRY A DEGREE OF RISK.

I understand that the church will attempt to reach me in case of a medical emergency involving my child. If the church cannot reach me, then I give my permission to the church to hire a doctor, and I give my permission to the doctor to provide the medical services he or she may deem necessary. I will pay for medical expenses so incurred.

I will give notice to the church if I feel there are any health considerations that would hinder my child's taking part in any of the activities.

I also give my permission for church leaders to limit my child from participation in any activity which they have any concern about on health or other reasons.

I hereby release First Baptist Church Blountville from any and all liability for the participation of my child in any event during Camp Discovery.

I also give permission for my child to be transported during his or her time at Camp Discovery

I understand that photo and or video images of my child may be taken while attending camp.

You may rely on the above consent until I notify you in writing of any changes.

Signature: _____ Date: _____

Insurance Information: _____
