

# Registration, Waiver & Medical Release Form

Bible Boot Camp June 11<sup>th</sup>-15<sup>th</sup> 2018 9:00-11:30am

Child's Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Does your child have any severe allergies? (i.e. bee stings, food, penicillin, etc?)

No  Yes If yes, please provide details:

\_\_\_\_\_

Does your child have any life-threatening conditions?  No  Yes If yes, please explain.

\_\_\_\_\_

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our volunteers should be aware of?  No  Yes If yes, please explain

\_\_\_\_\_

Is your child currently taking medication?  No  Yes If yes, please list the medication/s and reason

\_\_\_\_\_

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Church of the Redeemer, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medical treatment, every effort will be made to contact the parents/guardians as quickly as possible.

I/We also give permission to use pictures that may be taken of my child/children during the Bible Boot Camp to be shared with the public.

The Cost to attend the Bible Boot Camp is a donation to Feed My Starving Children. Donate at the Boot Camp or online at <https://give.fmssc.org/bootcamp>

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Date