

Registration, Waiver & Medical Release Form

Bible Boot Camp June 12th-16th 2017 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 one dozen cookies per child. Please bring the cookies on the first day your child/children attend.

Parent/Guardian Signature

Relationship to child

Date