

CHOSEN KIDS SUMMMER CAMP

Student Information

Name: _____

Gender: _____

Birthdate: _____ (0/00/000)

Age: _____

Home Address: _____

Name of School Attended: _____

Shirt Size (please circle): YS/ YM/ YL/ S/ M/ L/ XL

Parent/ Guardian Information

Full Name: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Home Address: _____

Emergency Contact

Full Name: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Home Address: _____

Disclaimer and Signature:

I _____ hereby give permission for my child _____, to participate in the day camp sponsored by Berachah Church, which I have knowingly signed them up for. In the event of any illness or injury, I hereby consent to whatever medical treatment and/or hospital care from a licensed physician as deemed necessary for the safety and welfare of my child. It is understood the resulting expenses will be the responsibility of the parent or participant

Student Conduct, I fully understand that my child is to accept and obey all rules and requirements governing conduct attending church sponsored trips, event, and activities. It is understood that any child determined to be in violation of these standards may be disallowed further participation in the activity and that I may be called and asked to come and remove the child from the responsibility of Berachah Church

Liability Release, I, the undersigned, hereby release and discharge Berachah, its officers, employees, agents, and servants, from all liability arising out of or in connection with church activities or trips that result from any cause other than the negligence's

_____ (Parent/ Guardian Signature)

Student Medical Information

Physicians Name: _____

Health Insurance Provider: _____

Policy Number: _____

Medical Conditions, Allergies, Medications, ETC.

