Consent and Release Form

I, the undersigned parent or guardian, hereby consents to my child participating in the activities connected with Junior Camp 2010 located at Fernwood Christian Camp, sponsored by Bible Baptist Temple, on August 2nd through August 6th. I certify that my child is able to participate in the activities associated with the above camp. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time I herby authorize the adult sponsor, Rev. Nathaniel Wilson, or an adult in charge of said group, to make emergency medical decisions for my child, including consent for surgery if required. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold the Bible Baptist Temple and its agents and employees, harmless from any and all liabilities, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the States of Ohio and Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent or Guardian's Signature: _____
Participants Signature: _____
Date: _____
Day Time Phone #:_____
Evening Phone #:_____

Please completely fill out Both Parts

Registration Information

Camper's Name: _____

Mailing Address: _____

City: _____
State: _____ Zip: _____

Home Phone:
(____) – _____

Work Phone:
(____) – _____

Birthday: ___/___/___

Male Female

Father's Name: _____

Mother's Name: _____

Emergency Contact: _____

Phone Number:
(____) – _____

Medical Information

Medications taken regularly
(All medications must be turned in upon arrival)

_____

Known Allergies: _____

Date of Last Tetanus Shot:
___/___/___

Insurance Company: _____

Policy Number: _____

Group Number: _____

Any special Information that is needed about your young person: _____

_____

Jr. Camp 2010

Home Church: _____

Pastor's Name: _____

I authorize my child to be picked up by the following individuals: _____

_____

Picture CD Orders
Yes No $5.00

Please make sure to read and sign the reverse side

Thank You