

Teen Camp 2027

Registration Form



Child's name: _____

Gender: _____ School year: _____ Birth date: _____

Parent/Guardian's name: _____

Parents email: _____

Emergency contact number/s: _____

Home address: _____

Church attended: _____

Medical Treatment & Image Use Consent

I, being the parent/guardian of the child above, understand that while every precaution will be taken to ensure the welfare & protection of my child, Crossroads Baptist Church & all camp leaders are hereby released from any & all liability in the event of any accident, loss or damage that may occur to my child and/or his/her property. I consent that my child may participate in any activities they choose during this camp. In case of emergency, I give permission to the camp leaders/ St John's Ambulance/medical personnel to ensure proper treatment for my child. I understand that every effort will be made to contact me at a suitable time. I also agree to pay all doctor, ambulance & hospital fees incurred on behalf of my child.

I agree that all camp materials & photographs taken by camp personnel remain the property of Crossroads Baptist Church to be used in any form of future promotional material.

Parent/Guardian's signature: _____

I have paid by: ☐ direct deposit ☐ cash (hand delivered)

Transfer description (if payment is made by direct deposit): _____

Date: _____ Medicare number: _____

Medications regularly taken: _____

Reasons for taking medication: _____

Allergic reactions: _____