



Island Adventure Camp Registration Form

Parent/Guardian _____
 Address _____
 Home Phone _____ Cell Phone _____
 E-Mail _____
 Emergency Contact Name & Number _____

1st Child's Name _____
 Date of Birth (MM/DD/YY) _____ Age _____ Grade Completed _____
 Special Needs, Allergies or Requests: _____

2nd Child's Name _____
 Date of Birth (MM/DD/YY) _____ Age _____ Grade Completed _____
 Special Needs, Allergies or Requests: _____

3rd Child's Name _____
 Date of Birth (MM/DD/YY) _____ Age _____ Grade Completed _____
 Special Needs, Allergies or Requests: _____

Menu

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Number of People Eating Supper:

Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____

Permission to Photograph

I hereby give permission to **Campbell River Baptist Church** to take photographs and/or video my child. While participating in Island Adventure camp.

I agree that **Campbell River Baptist Church** may use such photographs for any lawful purpose. Including, but not limited to: publicity, advertising and illustration.

I have read and understand the above.

Name(s) of participant(s): _____

Signature of Parent/Guardian: _____

Printed name of Parent/Guardian: _____

Liability Release Form

To: Campbell River Baptist Church

Event or Activity: Island Adventure Camp, 2016

Participant (1st Child): _____

Participant (2nd Child): _____

Participant (3rd Child): _____

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant(s) named above.

By signing below, I assume all risk of personal injury, sickness, death, damage and expense which might occur to the participant(s) due to his/her/my participation in the above event or activity. I release Campbell River Baptist Church, its employees, directors and volunteers from all liability, costs and damages which might arise from participation in the above named event or activity.

If the participant(s) is(are) a minor, I agree that the minor(s) has my consent to participate in the event. I further provide my consent for Campbell River Baptist Church, its employees, directors and volunteers to seek emergency treatment for the participant(s) if necessary. Including, but not limited to: doctor, walk-in-clinic, hospital or emergency room.

Signature of Parent or Guardian: _____

Date (MM/DD/YY): _____