



**Battlefield Baptist Church Permission Slip**  
**CAMP 180 / July 10-14, 2017**  
**Camp Heritage, Chesterfield, VA**



Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_

**T-Shirt size (circle 1):**    YS    YM    YL    AS    AM    AL    AXL    A2X    A3X

**I understand that images of my child may appear on the Heritage Baptist Church website, live broadcasts during camp week, and other camp promotional sites.**

**Parents Please initial:** \_\_\_\_\_

**COST: \$165 per camper.**  
*(A \$25 non-refundable fee per child is required at the time of registration.)*

(Total Price includes a \$25 non-refundable registration fee, transportation, and T-shirt)

**\*All Permission Slips and Camp Fees are due by Sunday, June 18<sup>th</sup>.**

**NOTE:** *All registrations are on a FIRST COME, FIRST SERVED BASIS. Because of its size, this camp fills up quickly... so **PLEASE** do not delay – REGISTER TODAY!*

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_, to accompany Battlefield Baptist Church to **Camp Heritage {Camp 180}** in **Chesterfield, Virginia**, from **July 10-14, 2017**, and to participate in all camp activities. I waive all claims against Battlefield Baptist Church and/or leadership, including camp volunteers, of any injuries that may be sustained by our said minor child and agree to indemnify and hold the church and workers free and blameless from any liability, costs, and damages therefore. I hereby consent to and grant the leadership of Battlefield Baptist Church full rights and authority to act for me in any manner pertaining to the care and control of the said minor child named above during this week of camp (July 10-14, 2017). If for any reason this child needs to leave camp early, I accept responsibility to arrange and pay for the child's transportation home. Additionally, I grant Battlefield Baptist Church leaders my consent to obtain medical assistance that may be required for my said minor child during this week as deemed necessary. I agree to accept financial responsibility for the costs related to this emergency medical treatment.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TURN OVER TO COMPLETE BOTH SIDES**

Parent's Printed Name: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Medical Insurance ID #: \_\_\_\_\_

List allergies, if any: \_\_\_\_\_

List medications, if any: \_\_\_\_\_

Year of last tetanus shot: \_\_\_\_\_

Does the child have any special problems, conditions or restrictions? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any special instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CAMP 180 “What To Pack” Check List - 2017

### What TO Bring:

- Bible, paper, writing utensil
- Bedding (*Sheet and blanket/sleeping bag, pillow*)
- Toiletries (*Soap, shampoo, toothpaste, toothbrush, deodorant, etc.*)
- Towels/wash cloths (*One for pool, one for shower*)
- Clothes for 5 or 6 days:
  - Sleepwear
  - Swimwear—*no two piece bathing suits*
  - Jacket/sweatshirt for cooler nights
  - Clothes for play/sports
  - Shoes and sandals
- Dirty clothes bag
- Flashlight and Camera
- Spending money for Snack Shak (*Place \$ in Envelope with Name*)
- Additional Snacks are permitted
- Medications (*Place all meds in a Ziploc bag w/name & clear instructions*)
- A GREAT ATTITUDE!

### What NOT TO Bring:

- CD Players/iPods/Personal Video Game Systems/or Other Electronics
- Cell phones (*Counselors will have them **if needed!***)
- Things that explode, smoke, stink, or are really loud.
- Things that are considered weapons on a school campuses
- Anything Illegal
- A Bad Attitude...



**TURN OVER TO COMPLETE BOTH SIDES**