

I, THE UNDERSIGNED PARENT OR GUARDIAN OF THE CAMPER NAMED ON THE REVERSE SIDE OF THIS FORM, UNDERSTAND I THAT THE CAMPER WILL BE ENGAGED IN PHYSICAL ACTIVITY DURING THE PROGRAM, WHICH CONTAINS AN INHERENT RISK OF PHYSICAL INJURY. I ASSUME THE RISK AND RESPONSIBILITY AND RELEASE HILL CREST BAPTIST CHURCH AND ITS OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY ARISING OUT OF THE CAMPER'S PARTICIPATION IN THE PROGRAM. FURTHERMORE, I HEREBY GRANT PERMISSION FOR MY CHILD TO ATTEND HILL CREST'S CAMP ROCK AND TO BE TREATED BY LICENSED PHYSICIANS OR A MEMBER OF THE ROCK STAFF FOR ANY INJURY, ACCIDENT, ILLNESS OR OTHER MISHAP. I FURTHER AGREE TO PAY FOR ANY NECESSARY MEDICAL TREATMENT THROUGH MY HEALTH INSURANCE COMPANY OR BY OTHER MEANS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

EMERGENCY CONTACT AND PHONE # _____

HEALTH INSURANCE PROVIDER _____ POLICY/GROUP# _____

PRIMARY CARE PHYSICIAN AND PHONE# _____

ALLERGIES/MEDICAL CONDITIONS/RESTRICTIONS OR OTHER INFORMATION WE NEED TO BE AWARE OF _____

CURRENT MEDICATIONS BEING TAKEN BY CAMPER _____

I, THE UNDERSIGNED PARENT OR GUARDIAN OF THE CAMPER NAMED ON THE REVERSE SIDE OF THIS FORM, UNDERSTAND THAT THE CAMPER WILL BE ENGAGED IN PHYSICAL ACTIVITY DURING THE PROGRAM, WHICH CONTAINS AN INHERENT RISK OF PHYSICAL INJURY. I ASSUME THE RISK AND RESPONSIBILITY AND RELEASE HILL CREST BAPTIST CHURCH AND ITS OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY ARISING OUT OF THE CAMPER'S PARTICIPATION IN THE PROGRAM. FURTHERMORE, I HEREBY GRANT PERMISSION FOR MY CHILD TO ATTEND HILL CREST'S CAMP ROCK AND TO BE TREATED BY LICENSED PHYSICIANS OR A MEMBER OF THE ROCK STAFF FOR ANY INJURY, ACCIDENT, ILLNESS OR OTHER MISHAP. I FURTHER AGREE TO PAY FOR ANY NECESSARY MEDICAL TREATMENT THROUGH MY HEALTH INSURANCE COMPANY OR BY OTHER MEANS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

NAME OF CHILD _____ MALE _____ FEMALE _____

DATE OF BIRTH _____ AGE _____

GRADE COMPLETED _____ SCHOOL ATTENDING _____ PHONE _____

PARENT/GUARDIAN NAMES _____ E-MAIL ADDRESS _____

ADDRESS _____ CITY, STATE, ZIP _____

MEMBER? _____ IF SO, WHERE? _____

T-SHIRT SIZE (Please circle one) YOUTH S M L ADULT S M L XL XXL

Contact Ginger Gardner @ 256-238-9600

July 17-19, 2017

\$20.00 per child