

Parent Authorization

Info

If your child will be attending this year's camp, please contact the following person or have registration forms in no later than

July 13, 2018

Registration will end on this day OR sooner if the camp fills up.

In consideration of my child being permitted to participate in the Freedomgate Bible Camp, I, the undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in such activity, do hereby agree to assume all risks and responsibilities surrounding and pertaining to my child's participation in the activity, and further, I do for myself and my child's personal

representative(s), heirs, and assigns, hereby agree to defend, hold harmless, indemnify, release and forever discharge Sheepgate Christian Fellowship, and all its pastors, deacons, elders, staff, and members from and against any and all claims, demands and actions, or causes of actions, on account of damage to personal property, personal injury, or death which may result from my child's participation in said activity which results from causes beyond the control of and without the fault or negligence of Sheepgate Christian Fellowship, its pastors, deacons, elders, staff, and members during the period of my child's participation in the activity.

I agree that my child may participate in all camp activities as well as being transported to and from such activities by Sheepgate Christian Fellowship personnel.

I understand that as a participant, my child may be photographed or videotaped during normal activities and the photos/videos may be used in promotional materials. I hereby release all claims of copyright for the use of my child's likeness in promotional materials and further wave all right to inspect such materials. I understand that my family and my child's contact information may be shared with Sheepgate Christian Fellowship.

Contact: Mandi Adkins
Phone: 256-599-8329
Email: freedomgatecamp@yahoo.com

Camp Fee: \$45.00 per camper

Checks payable to: Freedomgate Bible Camp

Camp fees and registration forms must be mailed in prior to registration day to the following address:

Sheepgate Christian Fellowship
PO Box 115 Princeton, AL 35766

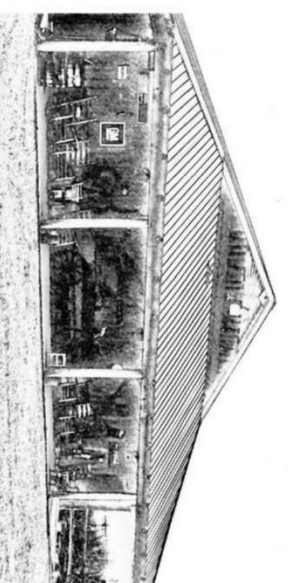
Location: Sheepgate Christian Fellowship
4371 Alabama Hwy 65,
Paint Rock, AL 35764

Registration Time:
Friday, July 20th 8:00 AM - 9:00 AM

Final Assembly:
Sunday, July 22nd @ 4:00 PM



www.sheepgatecf.com



Pursue Teen

Camp 2018

July 20-22

Ages 13-19

Sheepgate
Christian Fellowship



Signature of Parent/Guardian

Date

Medical Information

Chronic or recurring illnesses or medical conditions (such as diabetes, heart defects, bleeding disorders, etc...)

Any allergies (food, drugs, animals, insects, etc...)

Current Medications:

If you bring medications of any kind, please give specific instructions with them. The medications will be administered by her during the camp.

I give permission to the camp nurse to administer to the camper the following over-the-counter drugs, if need be:

(Initial) Tylenol _____ Benadryl _____

Medical Release

I hereby grant permission to the director and/or designee to seek and/or administer appropriate medical aid to my child in the event of an emergency. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, or any treatment deemed necessary by a legally licensed physician; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director and/or his designee to secure and administer treatment, including hospitalization for my child. The completed form may be photocopied for trips out of camp.

I understand that it is my sole responsibility to notify the Freedomgate Bible Camp director of my child's medical needs. I certify that I have indicated all medical history information regarding my child to Freedomgate Bible Camp and that all medical history is true and correct.

Signature of Parent/Guardian

Date



Registration

Child's Name: _____

Address: _____

Birth day: _____

Age: _____ T-Shirt size: _____

Male: _____ Female: _____

Swimming Ability:

None: _____ Avg: _____ Good: _____

Parent/Guardian Name: _____

Cell #: _____

Work #: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone: _____

Items to Bring:

Appropriate clothing, swimsuit (girls must bring one piece), Bible, paper, pen, sleeping bag, pillow, towels, washcloths, toiletries: shampoo, soap, toothbrush, toothpaste, insect repellent, sunscreen, comfortable walking shoes (no open-toed shoes), flashlight.

DO NOT BRING:

Magazines/books, weapons of any kind, alcohol, drugs, tobacco, gag/prank material, electronics: cell phones, iPods, video games, etc.