2023 Day Camp Registration Form



Child's Personal Information:	
Child's Name:	
Parent's Email Address:	
	Grade (just completed):
School Attending:	Friend Attending with:
Special Needs (physical/learning/dietary):	
Parent/Guardian Information:	
Father's Name	
Mother's Name	
Who does child reside with?Father _	MotherBothOther*
*If child lives with someone other than Father,	/Mother:
Name/Relationship to child:	
Emergency Contact Information	
1 st Contact	
Parent/Legal Guardian cell #	work #
2nd Contact (<i>if</i> 1 st cannot be reached)	
Parent/Legal Guardian cell #	work #
Child's shirt size:YSYM	_YLASAMAL

Kids Life Liability Release Form

Kids Life is the Children's Ministry of Fellowship Community Church Release of All Liability Claims

This form allows your son or daughter to attend the following activities:

Camp Eagle Day Camp July 24 - 28, 2023 Camp Eagle Fincastle, VA

In consideration for being accepted by Fellowship Community Church for participation in the above activity, we (I) being 21 years of age or older, do for ourselves (myself), and on behalf of my child-participant if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless Fellowship Community Church and the directors thereof from any liability, claims or demands for personal injury, sickness, or death, as well as, property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I), and on behalf of our(my) child-participant if under the age of 21 years of age, assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

We (I) are the parent(s) or legal guardian(s) of the participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we (I) hereby assume all transportation costs.

Print Name of Participant	Insurance Carrier
Print Parent/Legal Guardian(s) Name	Policy Number
Emergency Telephone Number	Physician's Name/Telephone Number
 Signature of Parent/Legal Guardian	Today's Date





Kids Life Children's Ministry Authorization to Reproduce Physical Likeness

I grant Fellowship Community Church the right to photograph my child and use his/her picture, silhouette, or other reproductions of my child's physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, Internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

My signature below indicates that I have read and understand the meaning and effect of this release form.

Agreed and Accepted:	
Signature of Parent/Guardian	Date
Child's Name (please print)	Relationship to child

Note: This information will be in force until such time as the parent notifies the church in writing that they want the information to be changed.