Friday, Jan. 23th, 4:30 PM - Sunday, Jan 25th, 4:30 PM

Permission Slips Due by Wed., Jan 7th

COST: $100 Make checks payable to FBC

_____ _____/_____/_____ _____

Teen's Last Name First Middle Initial Birthdate Age

_____ _____

Parent/Guardian (if under 18 years of age) Health Insurance Company

_____ _____

Address Insurance Policy # Expiration Date

_____ _____

City State Zip + 4 Parent Email

(____)_____ (____)_____ Adult T-Shirt Size (Circle One): S M L XL 2XL

Home Phone # Emergency Phone #

List any physical or health conditions that may affect you/your child's experience at camp including food allergies or dietary needs:

Are you or your child allergic to anything? If so, what action is required if exposed?

I certify that my child or I am in good health, free from communicable diseases, and is able to participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for me/my child as named above.

I also understand that my/my child's participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge First Baptist Church and Arrowhead Bible Camp, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.

_____ _____

Parent Signature Date