



Friday, Jan. 10th, 4:30 PM to Sunday, Jan 12th, 4:30 PM
Permission Slips Due by Wed., Dec. 11
COST \$90 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 | 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 |