Camp Daniel Registration 16766 Cantrell Rd. Bonner Springs, KS 66012

Instructions: If you g	•			•	•	•	
carrier's name here:							
about this form, plea		k Meinke at 913	3-441-3407	7 or 913	-626-8171 or	r by email at	
meinkemark@aol.co	<u>om</u> .						
Parent / Guardian		Contact Information			Emergency Contact		
Name(s):		Cell Phone:			Name:		
		Email:			Number:		
		Email.			Nulliber.		
Address:		Home phone:			Relationship:		
		Work phone:					
Home Church:							
		Text? Yes or No					
					*Emergency contact other than parent		
Persons (other than	parents) autho	rized to pick up	the childre	<u>en:</u>			
Child's Name (First and Last)	<u>Nickname</u>	Date of B	Date of Birth Gend		<u>er</u>	<u>Grade</u>	
triist and Lasti							

Please describe any medical conditions/situations that we should be aware of:

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Terms and Conditions:

- I understand that my child/children may participate in physical actives such as those held during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, Walnut Grove Bible Church and any persons involved in the Camp Daniel ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Camp Daniel volunteers to secure the services of a licensed physician to provide the care necessary for my child's wellbeing. I assume responsibility for all costs associated to any accident or treatment for my child.
- 3) I grant permission for photos of my child to appear on the Walnut Grove Bible Church / Camp Daniel website.

I have read and agree to the Te	erms and Condit	ions stated ab	ove.	
X				
Signature of Parent/Guardian		Date		
Office Use Only:				
Fees:	Total Due:		Amount Paid:	
\$			\$	
\$	\$	•	Rcvd by:	