Quiet Storm International Ministries

Empowerment Camp

13 North College Street, Statesboro, Georgia 30458

Admission Application for Children

Child's Information

Full Name:	
Date of Birth:	
Age:	
Gender: ■ Male ■ Female	
Grade Level:	

Parent/Guardian Information

Full Name:	
Relationship to Child:	
Phone Number:	
Email Address:	
Home Address:	

Emergency Contact (if different from parent/guardian)

Full Name:	
Phone Number:	
Relationship to Child:	

Medical Information

Allergies:	
Medications:	
Medical Conditions or Special Needs:	
Doctor's Name:	
Doctor's Phone:	

Camp Details
■ Week 1 ■ Week 2 ■ Ongoing
Start Date: _____ End Date: _____
T-shirt Size: ■ YS ■ YM ■ YL ■ AS ■ AM ■ AL

Weekly Fee: $145 per week (Includes snack, dinner, and all materials)

Permissions & Agreements
■ I give permission for my child to participate in all camp activities.
■ I authorize emergency medical treatment if necessary.

■ I give consent for photos/videos of my child to be used for ministry promotion and social media.
■ I understand all fees are non-refundable unless otherwise stated.

Parent/Guardian Signature: _____
Date: ____ / ____ / _____