



This information must be filled out before your child(ren) may attend camp. Thank you!

CAMP REGISTRATION & RELEASE INFORMATION

CHILD NAME:

PARENTS NAME:

ADDRESS:

BIRTHDAY/GENDER:

CHURCH/CITY:

EMAIL:

PHONE/CELL:

EMERGENCY CONT:

ALLERGIES

T-Shirt Size: Youth S M L Adult S M L XL XXL

Please list any special needs your child may have, or information you feel will help us give your child the best possible care.:

Please initial:

- _____ Accidental Injury Release I give my permission to Circle J to sign for emergency medical treatment for my child(ren) in the event I cannot be reached. In case of an emergency, please give my child immediate treatment while I am being contacted.
- _____ We must have your permission to photograph or videotape. We may, from time to time, publish photos in the newspapers/ magazine or other promotional articles.
- _____ I understand that if my child is unable to follow the rules and expectations held by Circle J and their staff that it will be my responsibility to come pick up and take my child home.
- _____ I am responsible for the drop off and pick up of my child. If you are un-able to drop off/ pick up your child, who will be picking up your child. _____

Parent's Signature