

Coffee County Baptist Vineyard

245 County Road 131
Ariton, Alabama 36311
(334) 762-2256 info@vineyardretreat.org

Office use:

Fee paid: _____

Registration and Permission Form

Name _____ Age _____

For School Year 2018-2019: Grade _____ School _____

Date of Birth _____ Circle one: Male / Female

Address _____

Phone Number _____ Church _____

Parent's Name _____

Parent's E-mail Address: _____

Events: The events will include water fun (i.e. swimming, canoeing, creek with rope), ball games, and team obstacle course.

Release Statement:

I give my permission for _____ (Child's Name) to attend the Coffee Baptist Association Children's Summer Camp at the Vineyard Christian Retreat, Camp and Conference Center located in Ariton, Alabama.

I release Coffee Baptist Association and Vineyard Christian Retreat, Camp and Conference Center from liability.

I further release all rights to any pictures of my child that may be taken during camp to be used for promotional purposes by the Coffee Baptist Association at their discretion.

Designated representatives of the staff of Coffee Baptist Association, Inc. have permission to authorize emergency medical treatment for _____.
(Child's Name)

Parent Signature _____

Date _____

TRANSPORTATION: Transportation to and from the Vineyard is the responsibility of the church or parents. If this is a problem, please contact us.

Thank you for completing this form. A prompt response is needed because campers will be accepted only until capacity is reached.

MEDICAL FORM

Name _____

Address _____ Zip Code _____

Home Phone _____ Work Phone _____

Church _____ Date of Birth _____

Emergency Information: Name _____ Relationship _____

Phone Numbers: _____

Address _____ Zip Code _____

Insurance coverage: (Either make a copy of card or complete following information)

Company Name _____

Policy Number _____ Group # _____

Other info that we might need in an emergency _____

Family doctor _____ Phone number _____

Preference: _____ Contact before taken to hospital _____ Take immediately to hospital
_____ Other _____

ALLERGIES: Insects (type & care of) _____

Food (types) _____

Medicine _____

Other _____

(If your child uses an inhaler, please ensure it is brought to camp.)

If your child is taking medication, please have the bottom portion of this notarized so we can dispense the medication.

Medicine _____

Amount _____

Medication Directions _____

Notary _____

Date _____

Health condition(s) prevent my child from participating in the following activities:

Child swimming ability? ___ Can't ___ Fair ___ Good ___ Excellent

Thank you for completing this form.

Please return to CCBA Vineyard, 245 County Road 131, Ariton, AL 36311

Under 21, a parent's signature and date are required. Over 21, please sign and date.