



# FAITH IN ACTION CAMP

(Completed First-Fifth Grades)

JUNE 26 - 30, 2023

9:00 a.m. - 3:00 p.m. Daily

Registration Fee: \$50 (Check payable to TSPC; Memo: Faith in Action) **Registration Deadline: June 9, 2023**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade Completed \_\_\_\_\_ Youth T-Shirt Size (circle one) **S M L XL**

Name(s) of Parent(s)/Guardian(s) \_\_\_\_\_

Please list all the phone numbers where we can reach parent(s)/guardian(s) in an emergency.

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions/Allergies (Medicine/Food/Others)  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier (or "none" if uninsured) \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Policy Member's Name \_\_\_\_\_

Person(s) Transporting and/or Picking Up Camper \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) give permission for my child \_\_\_\_\_  
to attend the Faith in Action Camp at Tinkling Spring Presbyterian Church on June 26-30, 2023.

- He or she may participate in all activities with the camp at Tinkling Spring Presbyterian Church.
- I hereby release Tinkling Spring Presbyterian Church and any of the adult and youth leadership at the Faith in Action Camp from any liability for any injury or problem occurring during participation in this event.
- I give permission for the use of photography including my child to be used for publicity (in print and/or on-line) for the Faith in Action Camp. I understand that NO reference will be made by name and NO information or links will be provided that will allow for direct contact by someone with internet access.
- In the event of an emergency, I understand that all reasonable attempts will be made to contact me in the case of an accident involving my child. In the event that I cannot be reached, I hereby give permission for emergency medical care for my child (including hospitalization, ordering injections, anesthesia, and/or surgery).

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM WITH REGISTRATION FEE TO HARRIET THOMPSON**