

BIBLE SCHOOL CAMP 2017

Camp Application: Please fill out and return to Camp Administration.

PERSONAL INFORMATION:

FIRST NAME:

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LAST NAME:

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ADDRESS:

STUDENT'S PHONE:

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PARENTS' PHONE:

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BIRTHDAY:

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MEDICAL INFORMATION:

ALLERGIES: _____

MEDICATIONS IF CHILD TAKES ANY TO THE CAMP: _____

DOCTOR'S NAME & PHONE :

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EMERGENCY MEDICAL RELEASE AND LIABILITY WAIVER

I give my son/daughter, _____, permission to participate in the activities of Slavic Bible School Camp August 17-20, 2017 at Pleasant Valley Christian Service Camp facility, in Mineral, WA. I authorize Slavic Bible School Camp staff to give any emergency medical attention to my child as necessary (parents will be notified as soon as possible). I will not hold Slavic Bible School Camp and its personnel liable for any accident or illness caused by my child's participation in the camp program. I am not aware of any physical or other limitations that would keep my child from participating in the camp program. By signing below, I have read and agree with the terms indicated above.

Signature of Camp Attendee

Date

Signature of Parent/Legal Guardian

Phone Number

Date