

Kansas State Youth Winter Camp Enrollment Form

December 31, 2020 - January 2, 2021

Name of Camper: _____

Church Name: _____

Address: _____ Date of Birth: _____

Current Grade in School: _____ Boy or Girl: _____

Any known allergies: (food or medicine) _____

Is the camper on any medication? yes no If so, please fill out the additional Medication Authorization

Any other important limitations or medical information about camper:

Emergency Contact

PRINT Name & Phone Number:

Release of Liability

I hereby agree to be responsible for the conduct and actions of my child and to release the Kansas State Free Will Baptist Board of Christian Education from any claims and demands that may occur during participation in the "Winter Camp" on December 31-January 2. Furthermore, I agree to release The Christian Education Board and its workers and I will hold them harmless from any liability which may arise from accidents or incidents involving my child and myself, to the extent allowed by the law. I authorize attending adults or physician to administer emergency medical care to my child should the need arise.

Parent's or Guardian's Signature

Date: _____