

# "Thank You Lord"

**June 8<sup>th</sup> - 14<sup>th</sup>, 2008**

My child has my permission to attend Summer Camp 2008 with Church Street Church of Christ June 8<sup>th</sup> - June 14<sup>th</sup>. I give my permission, in case of sickness or accident, for the best possible medical attention available to be used for my child. I understand I will not hold Church Street Church of Christ or any staff member responsible in any way.

Parents or Guardian X \_\_\_\_\_

*Camp Cost: \$80.00*

*Grades: 4<sup>th</sup>-12<sup>th</sup>*

*Leave: Sunday at 2:00pm*

*Luggage here at 1:30*

*Return: Sat. at 2:30pm*

**Applications Due**

**Wednesday May 28<sup>th</sup>**

**Late Fee: \$10.00**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Guy or Girl \_\_\_\_\_

I attend church at \_\_\_\_\_

I am a visitor of \_\_\_\_\_

Allergies \_\_\_\_\_

Medication currently taking \_\_\_\_\_

Any History of Illness \_\_\_\_\_

Last Tetanus Shot \_\_\_\_\_ Birthday \_\_\_\_\_

Family Doctor \_\_\_\_\_

(Optional) Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

T-Shirt (Adult Sizes) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Is this your 1st Summer Camp with Church St? \_\_\_\_\_

For Office Use: Paid: \_\_\_\_\_ Check # \_\_\_\_\_