

# High School Camp

July 19-23

Lynchburg, VA  
Liberty University  
Cost: \$275

Re

HE HAS SHOWED YOU, O MAN, WHAT IS GOOD,  
AND WHAT DOES THE LORD REQUIRE OF YOU?  
TO ACT JUSTLY AND TO LOVE MERCY  
AND TO WALK HUMBLY WITH YOUR GOD.

MICAH 6:8

Don't Miss this  
Awesome Week!

**Camp Pastor: Neil McClendon**  
**Worship Leader: Unhindered**

**Please fill out this Form and turn it in with your \$50 deposit by March 21**

-----Cut here and keep the top!-----

We, The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, do hereby release, forever discharge and agree to hold harmless Mid-Way Baptist Church and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any whatsoever which may be incurred by my child in the course of participation in Student Life Camp July 19-23, 2010 in Lynchburg, VA and travel to and from this Camp. Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences.

We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable). We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

*Both parents must sign, unless only one parent has legal custody. In such case, please indicate non-custodial parent's name and whether to contact in case of emergency.*

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please List Any Known Allergies: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medicines you are taking now: \_\_\_\_\_

\_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Holder & Number: \_\_\_\_\_

Emergency Contact other than Parent: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Physician: \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Other important info about your teen: \_\_\_\_\_

\_\_\_\_\_