

“Faith in Action”



Registration Form July 16-18, 2019

Student Name _____ Age _____ Grade in Fall _____ T-Shirt Size _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Special Needs/Allergies/Medical Information/Other: _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up this child from camp _____

Photo Release: Woods Church has my permission to use my child’s photograph publicly in their materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s signature: _____ Date _____

Please attach a check/cash in the amount of \$25. This amount is PER CHILD and secures their registration.