

BIBLE DAY CAMP REGISTRATION

For 2-12 year olds and Counselors 13-18

YOUTH OF THE BIBLE

June 6-8, 2019

Visit nhchristadelphians.org for more information.

BDC Camper Information (ages 2-12)

Camper's Name: _____

Age: _____ Grade Completed: _____

Parent / Guardian's Name: _____

Address: _____ City / Zip: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____ Phone: _____

Medical Release

Purpose: Allows parents to authorize medical treatment for children (up to and including 17 years of age) when a parent cannot be reached.

I, _____, hereby consent to the rendering of emergency department care and such medical treatment as the attending physician of the facility's medical staff considers to be necessary for my child(ren), _____, on and including the dates of June 14-16, 2018.

Physician: _____ Phone: _____

ALL known Allergies: _____

Signature of Parent or Guardian: X _____

Forms MUST be submitted by May 4, 2019!

Please return registration form to Holly Prater e-mail to:

e-mail: hollyprater@gmail.com

BDC Counselor Information (ages 13-18)

Counselor's Name: _____

Age: _____

Parent / Guardian's Name: _____

Address: _____ City / Zip: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____ Phone: _____

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