



Berkeley Springs Presbyterian Church
Bible Tennis Camp Registration Form
August 6-7, 2018
6:00-8:00 p.m.

Kids ages 4-12

Cactus!

"Tell these dry bones to listen to the word of the Lord."

Ezekiel 37:4b

Child's Information

Name _____

Sex: (Circle one) M F Age _____ Grade completed _____

Allergies or medical conditions:

Family Information:

Parents/Guardians' Name(s) _____

Address: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Email: _____ Emergency Contact:

Name: _____ Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this Bible Tennis Camp and I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the Bible Tennis Camp team or other associated volunteers of the Bible Tennis Camp program to obtain medical care from a licensed physician, hospital or medical clinic for my son/daughter in the event that myself or other legal guardians cannot be reached. I hereby do release and forever discharge the Berkeley Springs Presbyterian Church from all matters of actions, claims, which I or the child named above shall or may have any reason, arising my child's attendance of the Bible Tennis Camp.

Unless other written instruction is submitted, I also allow for my child's image to be recorded either by photograph or video, and used during the Bible Tennis Camp days or for future advertisement of Berkeley Springs Presbyterian Church programs.

Parent/Guardian signature _____ Date _____