

The Campbell Farm

thecampbellfarm.org

Northminster Presbyterian Church Youth Summer Camp

August 7-12th, 2016

Child's Name _____

Parent/Guardian Name _____

Address _____

Email Address _____

Phone Numbers Home _____ Cell _____ Work _____

Age Information

Date of birth _____ Age _____

Last school grade completed _____

Home Church (if any) _____

Allergies/health conditions/medications/Other concerns of which adult supervision should be aware



Insurance Policy/Medical Plan # (for emergency use) _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

I, the Parent/Legal Guardian of the above listed child, do hereby give permission for him/her to attend VBS. I do hereby release Northminster Presbyterian Church, its staff, and volunteers from any responsibility in case of accident, illness, or injury during his/her participation in Vacation Bible School. I understand that adult supervision is provided for this activity and I authorize them to seek treatment by an accredited hospital or physician if it is deemed necessary for my child in the event of any emergency and will assume any financial expense resulting.

Name _____

Signature _____ Date _____

*Please attach your \$50 deposit to this form. Checks can be made out to Northminster Presbyterian Church

