

Day Camp Registration for Epic Bible Fun June 17-21 from 9 am-12 pm

Please return this signed form to your child's teacher before June 14th.

Note: All students in the Day Camp must report directly to their classrooms to be signed in at the start of the day. The teachers will escort the children to EBF. Thanks for your help!

Child's Name						
Parent/Guardian Name						
Street						
Street 2						
City/State/ZIP						
Home Phone		Work Phone		Cell Phone		
Email						
Emergency Contact Name						
Emergency Contact Phone	Relationship to Child					
Name of Home Church						
Grade Entering in Fall 2019	1 2 3 4 5 67	Gender Male Fema		Child's Birthday MM/DD/YYYY		
Food Allergies/ Please Describe						
Medical Concerns/ Please Describe						
I hereby represent that this cl Calvary Baptist Church (CBC) to organizers, and employees fro by my child at CBC's EBF, as w does not provide health insur information about CBC and/o	to secure any emergency mom any and all liability, clai well as any expenses of any ance coverage for my child r EBF.	nedical treatments necess ms and demand for any p nature whatsoever which l. I also authorize CBC to	ary and waive and r ersonal injuries, sick arise out of or are i	release CBC and kness, death, or related to EBF. I	its directors, agents damages of any kind further understand	, EBF d sustained I that CBC
I have read and agree to the						
Contact Calvary Baptist Sc	nooi tor additional inform	າ a τιο n .				