



surfing through the scriptures
June 21-24, 9 am – Noon
Participants: 3 years - 4th grade
Cost \$5



CREATION ADVENTURE CAMP
July 26-30, 9 am – Noon
Participants: grades 3-6
Cost \$15 per child, \$25 per family

Child's or Teen's Information

First & Last Name: _____ Grade in Fall _____ Male / Female
 Friend they want to be with. (same grade) _____ Shirt Size: *child's* S M L XL *adult's* S M L XL

First & Last Name: _____ Grade in Fall _____ Male / Female
 Friend they want to be with. (same grade) _____ Shirt Size: *child's* S M L XL *adult's* S M L XL

First & Last Name: _____ Grade in Fall _____ Male / Female
 Friend they want to be with. (same grade) _____ Shirt Size: *child's* S M L XL *adult's* S M L XL

First & Last Name: _____ Grade in Fall _____ Male / Female
 Friend they want to be with. (same grade) _____ Shirt Size: *child's* S M L XL *adult's* S M L XL

Adult Information

Yes, I can help out! _____ Pre-Camp crafts/set-up _____ Teachers/Helpers

Parent Name _____

Address _____ ZIP _____

Home phone _____ Cell _____ E-mail for confirmation _____

Emergency Name and Number _____

Food Allergies (Springs Community is peanut/dairy free.) _____

MEDICAL RELEASE INFORMATION

Medical Insurance Company _____

Policy # _____ Hospital Preference _____

Medical Conditions/Allergies _____

I, who by law may do so, authorize the administration of medical treatment to she/he who is subject of this form. I understand all reasonable safety precautions will be taken by Springs Community Church. I do not hold Springs Community Church or its agents liable for any accident, injury or disease by the subject of this form. I understand that in the event medical intervention is needed every attempt will be made to contact me immediately.

Parent/Guardian signature _____ Date _____