



CAMP REGISTRATION

Child's Name	Grade (Sept '17)	Date of Birth (mm/dd/yy)	T-Shirt Size	Allergies Medical Conditions

PARENT/GUARDIAN INFORMATION

Name _____ Home Phone _____

Address _____

Emergency Contact Number _____ Email _____

WAIVERS

I hereby give permission for the above child(ren) to participate in all camp activities and to receive medical treatment if necessary. I release Maranatha Church and all camp staff from the liability.

Signature of Parent/Guardian _____ Date _____

May we use pictures of your children for...	Camp Promotion	Yes	No
	Camp Slide Show	Yes	No
	Maranatha Facebook	Yes	No