



The camp will run Monday-Friday, 6/20-6/24 and is open to kids age six through ten.

Turn in this form to Covenant Life Church with your payment of \$50.

Checks and cash are both fine. Checks should be made out to Covenant Life Church.

Camper Information

Child's First Name: _____

Child's Last Name: _____

Age as of June 20, 2011: _____

T-Shirt Size:

Youth sizes, circle your choice below.

S M L XL

Has this child attended Summer Celebration before? _____

Child's physician's name & phone number: _____

Any medical conditions or allergies: _____

Comment or Questions

(Team requests, custody information, and any other things we should know.)

Parent Information

Parents Full Name:

(Parents listed here will be allowed to have new camp security passes issued after the presentation of photo ID)

Mailing Address: _____

Email: _____

Phone: _____

Cell/Emergency Phone: _____

Are this child's parent's members of Covenant Life Church? _____

Parental Consent Information

I understand that this is a Christian-based activity. I give permission for my child(ren) to attend Summer Celebration. I understand that, as in any activity of this nature, participation may result in injury, illness, or harm to my child(ren). In the even my child(ren) suffers sudden illness, accident, or injury and I cannot be reached, I give permission for any emergency treatment that is deemed necessary by a licensed physican or emergency medical professional. Covenant Life Church, along with its employees, volunteers and agents, is hereby relearsed from any claims for bodily injury, property damage, or illness as the result of the negligence of participants, third parties, accidents or acs of God.

Parent Signature