



June 4-6 — **Conway First Baptist Church**

*Drop off is 8:45—9:00 am & Pick up is 12:00-12:15 pm each day*

**Please fill out entire form**

Name \_\_\_\_\_

Parent/Guardian Name (s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ Guest of \_\_\_\_\_

Church \_\_\_\_\_ Grade going into (circle one) 1st 2nd

E-Mail \_\_\_\_\_ T-Shirt Size (circle one): YS YM YL YXL

Registration forms may be mailed to the church (1719 Robinson Avenue Conway, AR 72034) or turned in to the church office

**All Registration Forms must be received NO LATER than May 31st.**

**Camp Champion: Release of Liability, Warranty of Physical Fitness and Ability, and Media Release**

**I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM AGREEING TO RELEASE CAMP CHAMPION AND CONWAY'S FIRST BAPTIST CHURCH, INCLUDING ITS VOLUNTEERS AND EMPLOYEES, FROM LIABILITY.**

**Consent of Parent/Guardian:**

I represent that I am the parent/guardian of \_\_\_\_\_ (**Camper's Name**), who is under 18 years of age. In consideration for allowing my child/ward to participate in Camp Champion activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this Release shall be binding upon me, my child/ward, heirs, legal representatives and assigns. I also warrant that my child/ward is physically fit and able to participate in all Camp Champion activities except for those activities, in which I prefer my child/ward not to participate, which I have listed below. My permission is also given to obtain medical treatment for my child in case of an emergency.

Conway's First Baptist Church has my permission to use any media that is my child's image for promotional and/or commercial use.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Problems \_\_\_\_\_

Medication \_\_\_\_\_

Activities in which camper shall NOT participate \_\_\_\_\_