

• CONWAY FIRST BAPTIST CHURCH •
**CAMP CHAMPION
2018**

OVERNIGHT CAMP FOR 3RD-5TH GRADERS

June 18-20 — Cold Springs Retreat Center

Drop off is 8:00—8:30 am Monday, June 18 - Pickup is 4:00 –5:00 pm Wednesday, June 20

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) 3rd 4th 5th

E-Mail _____ T-Shirt Size (circle one): YS YM YL AS AM AL AXL

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 June 1st. Campers will be accepted in the order their registration form is received. Once the camp is full, they will be added to a waiting list. You will be notified by email of your camper's status.

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 _____