



Grace Camps Registration Form

Send Checks payable to "Grace Church": 200 Sage Rd., Chapel Hill, NC 27514.

Camper's Name: _____ Date of Birth: ___/___/___ Gender: _____

Parent(s)/Guardian(s): _____ e-mail: _____

Address: _____

Phone: _____

Below Check All the Day Camps Your Child Will Attend:

August 2 – 6, 2010

Eco-Adventures: Young Naturalists

Ages: 2-5

9am - 12pm

Price: \$75

Instructor: Aisha Sanders

Field Trip: Eno River

Number of Camps: _____

TOTAL COST: \$ _____

If previously-promoted camps are not listed on this form, it is due to the camp being full or cancelled.

Camps that have less than 4 campers registered two weeks prior to the start date will be canceled



Grace Camps Parental Release Form

Grace Camps is a ministry of Grace Church of Chapel Hill

Camper Name(s): _____

Age(s): _____ Birthdate(s): _____

Guardian Name: _____ e-mail: _____

Address: _____ City: _____ Zip: _____

Home telephone: _____ Cell Phone: _____

Medical Release

Allergies: _____

Medical Conditions: _____

Medications: _____

Will the camper take or possess any medications while at camp? (circle) Yes No

If yes, which medications: _____

Emergency Contact: _____ Emergency Telephone: _____

Address: (if different than above) _____

Consent for Medical Treatment In the event of a medical emergency or non-emergency event requiring medical attention, the undersigned Parent(s)/Guardian(s) of the above named participant, hereby grants authorization to Grace Church, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant. Each of the undersigned further agrees that neither Grace Church, nor its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

Informed Consent I, the undersigned, as the parent or legal guardian of the child listed on this application give permission of my son/daughter to participate in Grace Church programs, including, but not limited to Grace Camps, hereby assumes full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge Grace Church, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from any activity or indirectly from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury or death of persons, damage to or loss of property arising out of the sole negligent acts of omissions of Grace Church, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs, executors and administrators and for all my family members.

Photos/Video I also understand that photos and video are occasionally taken at Grace Church and that any photo and video taken of my child may be used for Grace Church purposes, including, but not limited to, website, print brochures or newspaper advertising for Grace Church.

Field Trips I, the undersigned, give full permission for my son/daughter to ride with licensed Grace Church officers, agents, employees, and volunteers when attending a Grace Church event or activity, including Grace Camp outings.

Transportation The people who are authorized to pick up my children are: (please print) _____

I have read, understand, and agree with the Consent for Medical Treatment, Informed Consent, Photo/Videos, Field Trips, and Transportation policies for all of my children.

Parent/Guardian Signature _____ Date _____

Print Name: _____