

**Life Camp 2010- Practical Life Skills for Upcoming Fourth, Fifth and Sixth Grades**

**June 20<sup>th</sup>-24th 9am to 4pm**

**CAMP FEES**

Registration \$40

Camper's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade (Fall 2010) \_\_\_\_\_

**Parental Consent/Health Statement**

Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Emergency # \_\_\_\_\_

(Name) (Number) (Relationship)

Allergies- food, medicine, environment (explain reaction) \_\_\_\_\_

I hereby understand that my child will be closely supervised and if a serious illness or injury develops, medical and or hospital care will be given. I hereby release any member or staff from liability in case of accidental injury or illness. I further understand that in case of serious injury or illness I will be notified, but if impossible to contact me, I hereby give permission for emergency treatment or surgery as recommended by the attending physician. I agree to the provisions for the safety and health of my child. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care this minor has been entrusted while attending and participating in activities sponsored by Teays Valley Church of God. The undersigned shall be liable and agree to pay all cost and expenses in mentioned child to the pursuant of this authorization. I give permission to the Camp Staff to use pictures / video of my child for the purposes of promoting the camp experience.

Policy Holders Name and Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**PAYMENT INFORMATION**

If you wish to cancel any camper's registration, you may do so by contacting us via phone, mail, or email. All cancellations received by June 1<sup>st</sup> will get a full refund. Cancellations received after June 1<sup>st</sup> will receive a 50% refund.

PLEASE MAIL ALL FORM AND PAYMENTS TO:

Teays Valley Church of God

PO Box 270

Scott Depot, West Virginia 25560

[www.tvcog.org](http://www.tvcog.org)

304-757-9222