

# GRACE BAPTIST CHURCH

2475 McCLEARY DRIVE, CHAMBERSBURG, PA 17201

Mailing Address: 3492 Turnberry Drive, Chambersburg, PA 17202-8140

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Web Site: www.gbcchambersburg.org

## 2018 CAMP GRACE REGISTRATION AND CONSENT FORM

We at Grace Baptist Church look forward to having your children join us for CAMP GRACE and value your confidence in entrusting them to our care. We take this responsibility seriously and sincerely desire a rewarding experience as they engage in classroom and recreation activities. In the unlikely event they will need medical attention we will make every reasonable attempt to reach you for direction. If we are unsuccessful in doing so we will use our discretion whether to seek medical treatment for them from a doctor or hospital. It is understood that by voluntarily enrolling the children in our CAMP GRACE program you, as their parent or guardian, consider this to be a reasonable plan of action and agree to release and hold harmless Grace Baptist Church of Chambersburg, PA and its agents, employees, and volunteers from any and all liability in connection with their participation in the program.

Camp is July 26 & 27 with picnic on 28 **DATES ATTENDING:** \_\_\_\_\_

Camper's Name: \_\_\_\_\_  
Last First Middle

Camper's Age: \_\_\_\_\_ Grade in fall 2018 \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Known Allergies, Physical Handicaps/Disorders/Diseases, Restricted Activities & Physical Restrictions:  
\_\_\_\_\_

How or where did you learn about *Camp Grace*? \_\_\_\_\_

Do you have any objections to group pictures being taken that include your child (children) being shown on the GBC website (No names or other private information will be listed)? \_\_\_\_\_

Person(s) authorized to pick up child after camp: \_\_\_\_\_

Telephone numbers where the parent or guardian may be reached in an emergency:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of alternate contact if parent or guardian cannot be reached: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date