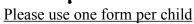
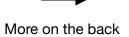
Camp VBS 2024





Child's Name:	
Grade Completed (K - 5th) or Birthday for Preschoolers:	School:
Address:	
Parent's Name:	
Phone (Home): (Cell):	
Emergency Contact Name and Number:	
T-shirt Size (please circle): YXS YS YM Y	L AS AM AL AXL AXXL
Total Number Attending Family Meal (After pickup): Monday:	_ Tuesday: Wednesday: Thursday:
Please list who has permission to p	pick your child up:
Please list anyone NOT allowed to	pick your child up:
Does your child have any allergies a	and/or special needs:
Can your child swim? (1st - 5th Grade Only)	YES NO (Circle One)
Steele Creek Options (1st - (Please choose your top three choices with a 1, 2, and 3. You will ge	•
1st - 3rd Grade Options	4th - 5th Grade Options
Playground & Train	Golf Driving Range/Nature Center
Short Hike & Nature Center	Long Hike (Approx. 5mi. in mountains)
Bicycling (Must bring bike and helmet. No training wheels)	Bicycling
Fishing (Must bring pole. Bait provided)	Fishing (Must bring pole. Bait provided)
Field Games and Train	Disc Golf
Splash Pad	Paddle Boats
	Splash Pad

Medical Authorization and Liability Release Form

I am the parent or legal guardian of	(child's name).
I acknowledge that I have been informed that my child will participate in activity	ties during Camp VBS WHICH
MAY CARRY A DEGREE OF RISK. THE AFOREMENTIONED RISK INCL	UDES SICKNESS. I understand that
there is no guarantee of a refund if my child can not attend camp or has to leave	e camp early for any reason.
I understand that the church will attempt to reach me in case of a medical emerg	gency involving my child. If the
church cannot reach me, then I give my permission to the church to hire a doctor	or and I give my permission to the
doctor to provide the medical services he or she may deem necessary. I will pay	for medical expenses so incurred.
I will give notice to the church if I feel there are any health considerations that vapart in any of the activities.	would hinder my child's taking
I also give my permission for church leaders to limit my child from participation	n in any activity in which they
have a concern about health or other reasons.	
I hereby release First Baptist Church of Blountville from any and all liability fo any event during Camp VBS.	r the participation of my child in
I also give permission for my child to be transported during his or her time at C	Camp VBS.
I understand that photo and video images of my child may be taken while attended	ding Camp VBS.
You can rely on the above consent until I notify you in writing of any changes.	
Signature:	_ Date:
Insurance information:	