

Teen Registration Form

Camper's Full Name:		
Church:		
Street address:		
City:	State:	Zip:
Telephone #:	Birthdate:	Age: M/F

I hereby give permission for my child, ______, to attend (July 15th-19th) camp

at Fort Faith Baptist Camp in Morley, MI. In the event that my child is injured or in need of medical attention I, the undersigned, give permission to the camp director, nurse, or leader to secure the appropriate medical attention and care that is necessary for my child, including first aid, hospitalization, anesthesia, emergency medical and/or surgical treatment for his safety and well-being. I agree to take full responsibility for my child's

health and behavior. If he becomes unwilling to cooperate (in the opinion of the camp/director) or if deemed

necessary for the health and safety of the camp that they be removed, I will come to the camp and get them. A strict "no-prank" policy will be enforced. The camp/director reserves the right to deny admission due to health/behavior reasons that the camp or the church may not be equipped to handle. I will not hold Fort Faith Baptist Camp, any of the camp leaders/staff or voluntary helpers responsible for any accident, injury, or illness

that should occur. The Camp director/leaders/staff will notify me immediately of any such occurrence.

I have read, reviewed, and agree to abide by the above information.

Parent/	'Gua	rdian:

Signature of Parent/Guardian: _____

Date: _____ Phone:

*** A medical form and copy of the insurance card will be collected with final payment on July 1st***

Visit us at kjvteens4christ.com

for more information July 15th - 19th



