

Camp Challenge 2009

MS Registration

Please **Print** clearly:

Name: _____

Gender: M / F

Age: _____

Birthday (MM/DD/YY): _____

Home Address:

City: _____

State: _____

Zip Code: _____

Phone: (____) _____

E-mail: _____

Grade Completed: _____

School: _____

Home Church: _____

**Have you accepted Jesus as your
Savior? (circle one)**

YES NO I DON'T KNOW

Fort Bend Community Church Permission Slip & Medical Release

To be completed by a parent/guardian:

On behalf of myself and any other parent or guardian of the person herein named, I, the undersigned, as the parent of

_____, do hereby grant permission for the person herein named to participate in Camp © 2009, on Aug 2nd — Aug 5th, 2009. Furthermore, on behalf of myself and any other parent or guardian of the person herein named I do hereby release unto the staff, chaperones, and volunteers of Camp © 2009 all authority and responsibility to authorize any and all medical treatment necessary for the protection of the health and well-being of the aforementioned child. This authorization shall authorize any and all medical treatment as determined by qualified medical personnel, pursuant to the express authorization, whether written or oral of the aforementioned representatives. This permission shall be effective Aug 2nd — Aug 5th, 2009, inclusive or until it is expressly revoked. I hereby release the staff, chaperones, and volunteers of Camp © 2009 from any and all claims and liabilities of whatsoever nature that may arise from my child's participation in this camp. I understand that I will be financially responsible for any damages caused by my child to any property (bus, facility, etc.).

Parent/Guardian Name _____

Signature _____

Date _____

Emergency Phone Number

(____) _____

Health Insurance Company _____

Policy # _____

If you would like to receive prayer requests for Camp © 2009, please provide your email:

Does your child have allergies, special medical conditions, or is your child currently taking medication? YES* NO

*If yes, please provide all related information. Include doctor's name and phone number on "Administration of Medication" Form.

T-shirt Size:

S M L XL

Select 4 tracks in order of preference:

1. _____ 2. _____ 3. _____ 4. _____

*please note you are not guaranteed your first

- Middle School Camp \$ 220.00
- Multiple Child Discount(\$50/child) - \$50.00
- Invite a Friend Discount (min. 2) - _____
(\$50/2, \$75/3, \$100/4)
- Late Fee (after June 28th) + \$ 35.00

TOTAL \$ _____

* Please attach your payment to this form.

** Registration ends July 19, 2009.

*** Checks payable to: "FBCC"

Return this form & payment to camp directors or mail to:

**Fort Bend Community Church
Attn: Youth Staff – Camp © 2009
7707 Hwy 6
Missouri City, TX 77459**

For more information, contact:
campchallenge@fbcchome.org
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jeremyc@fbcchome.org

Office Use Only:

Do not write in the space below.

- CASH
- CHECK # _____
- Amount Paid _____