

# Church Camp 2024



“But without faith *it is* impossible to please *him*: for he that cometh to God must believe that he is, and *that* he is a rewarder of them that diligently seek him.” Hebrews 11:6

## Camper Information:

Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Parent Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Physician Name and Phone Number: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Current Medications (OTC and prescription): \_\_\_\_\_

Physical or Mental Disabilities: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Food and/or Medical Allergies: \_\_\_\_\_

## Release and Consent to Treat

*The above-named minor has my permission to attend Solida Baptist Church’s summer camp at Camp Jerri in Lavalette, WV from June 23 – June 28, 2024. I will not hold the church, its pastors, counselors, or other workers responsible for any injury and/or accident sustained or any illness and/or condition contracted by my child. I, the undersigned, also hereby give my permission to any hospital physician and staff to treat my child while a camper at Camp Jerri, if such treatment is deemed necessary by the camp nurse, or in his/her absence, the camp director. It is my understanding that in case of major illness, injury and/or question by the camp nurse. I will be contacted prior to treatment, if possible.*

<b>Cost:</b>	1 Camper	\$150	1 adult	\$85
	2 Campers	\$250	Couple	\$125
	3 Campers	\$350	Family Max	\$530
	4 campers	\$450		
<b>\$20 off if you register before June 1</b>				

\_\_\_\_\_  
Signature of parent/guardian Date

\_\_\_\_\_  
Signature of sponsor for child under 10 years of age Date

**\*\*I have read and do understand the rules of Solida Church Camp 2024 and agree to abide by them.\*\***

\_\_\_\_\_  
Signature of camper/counselor Date