

Church Camp 2025

“Redeeming the time, because the days are evil.” Ephesians 5:16



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 22 – June 27, 2025. 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.

Cost:	1 Camper	\$160	1 adult	\$85
	2 Campers	\$270	Couple	\$125
	3 Campers	\$380	Family Max	\$530
	4 campers	\$490		

\$25 off if you register before June 1

*Discount is applied to group rate, not per camper.

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 2025 and agree to abide by them.****

Signature of camper/counselor

Date