

# **High School Ministry**

## **Hume Lake Summer Camp 2010 Medical Release**

I give permission for my child to attend the Hume Lake Christian Camp with the Shoreline High School Ministry June 20-26, 2010. I give permission for medical attention to be given to my child in the case of injury; including major surgery. I release Shoreline Community Church and any other parties acting for the church from liability in such a case. I request that the staff carry out any needed discipline; if necessary, I will pay the expense of my child being sent home for an extreme breach of the guidelines.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

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

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

School & Upcoming Grade: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Parent Email Address: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Health Insurance Co. & Policy Number: \_\_\_\_\_

Health Conditions / Allergies: \_\_\_\_\_

Medications (Dosage): \_\_\_\_\_

Adult T Shirt Size:    X-SMALL        SMALL        MEDIUM        LARGE        X LARGE        2X        3X

I would like to share a cabin with (you may request 1 person): \_\_\_\_\_

For any questions contact Keith Krueger Student Ministries Pastor  
at 655-0100 Ext. 322 or email [Keith@ShorelineChurch.Org](mailto:Keith@ShorelineChurch.Org)