

THIS FORM COMPLETE AND A \$200 DEPOSIT MUST BE TURNED IN TO PASTOR NATE AS SOON AS POSSIBLE TO SECURE YOUR SPOT FOR CAMP! FULL PAYMENT OF \$600 DUE MAY 15TH.

Shoreline High School Ministry
Hume Lake Summer Camp 2011
Medical Release/Permission Slip

I give permission for my child to attend Hume Lake Christian Camp with the Shoreline High School Ministry June 26 - July 2, 2011. I give permission for medical attention to be given to my child in the case of injury; including major surgery. I understand that I will be contacted as soon as possible in the case of such an incident. 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 guidelines.

Parent / Guardian Signature

Date

Student Name: _____

Address: _____

City: _____ Zip: _____

School & Upcoming Grade: _____

Birth Date: ____/____/____ Age: _____

Parent Email: _____

Emergency Contact: _____

Phone Number: (____) ____ - _____

Relation to Student: _____

Health Insurance Co. & Policy Number: _____

Health Conditions / Allergies: _____

Medications (Dosage): _____

T Shirt Size: _____ I would like to share a cabin with: _____

For any questions contact Nate Tibbs, High School Pastor
at 858-449-3433 or email him at ntibbs@ShorelineChurch.Org



Parent Email

Parent Cell Phone

Parent Name

FOR OFFICE USE: _____
DEPOSIT AMOUNT _____ CHECK NUMBER _____ DATE OF DEPOSIT _____