

*A \$75 deposit & this Registration form (completed), is necessary to attain a spot on the roster.  
The total cost of Camp is \$400 and due by June 1<sup>st</sup> (Scholarship options are available)*

**Shoreline High School Ministry**  
**Wildwood Discipleship Hume Lake Camp 2011**  
**Medical Release/Permission Slip**

I give permission for my child to attend the Wildwood Discipleship Camp with the Shoreline High School Ministry June 19-25, 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 accident. 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

\_\_\_\_\_  
Parent / Guardian Email

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

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

School & Upcoming Grade: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

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

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

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

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

For any questions contact Nate Tibbs, High School Pastor  
at 831.655.0100, x327 or email [Ntibbs@shorelinechurch.org](mailto:Ntibbs@shorelinechurch.org)