

# Middle School Summer Camp

**MONDAY, JULY 17<sup>th</sup> thru FRIDAY, JULY 21<sup>st</sup>**

**@ Thompson Lake Christian Retreat**

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## **EASTHAVEN BAPTIST CHURCH PERMISSION SLIP**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ age \_\_\_\_\_ give my permission for my son/daughter to attend Middle School Camp @ Thompson Lakes Christian Retreat between Monday, JULY 10<sup>th</sup> and Friday, JULY 21<sup>st</sup>

*Ignite Leaders will be leading the group which will meet @ EBC – Please feed your student lunch before bringing them to EBC on Monday, and you will need to feed them lunch on Friday also.*

**STUDENT DROPOFF @ EBC on Monday, July 17<sup>th</sup> @ 1:00pm  
for CHECK IN, LOAD UP, and SEND OFF**

**STUDENT PICKUP @ EBC on Friday, July 21<sup>st</sup> @ 11:00am**

*If you have questions or concerns please  
contact Associate John Connerly(406) 260-1424*

I understand that there are potential risks in this event and do not hold Easthaven Baptist Church and its leaders responsible for any potential harm due to the nature of this event. I give my permission to Easthaven Baptist Church and its leaders to authorize any necessary medical procedures for my child, which may be required in an emergency situation.

Parents Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_

If you can't be reached, we should call: \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_

Youth's name: \_\_\_\_\_

Medical insurance carrier: \_\_\_\_\_

Insurance number: \_\_\_\_\_

Preferred physician: \_\_\_\_\_

Medication(s) being taken: \_\_\_\_\_

**\*If child needs EpiPen, please have him/her bring this to camp and they will need to know how to administer it to themselves.**

Allergies: \_\_\_\_\_

Pictures taken of your son/daughter during this event, may be used for promotion on EBC social media sites, ie: (Facebook, Instagram, etc.) **Yes, I Grant Permission** \_\_\_\_\_ **No, I Do Not Grant Permission** \_\_\_\_\_

**EBC Middle School Camp AT**  
**THOMPSON LAKES CHRISTIAN RETREAT**  
**REGISTRATION FORM**  
**JULY 17 - 21, 2017 (Grades 6<sup>th</sup> - 8<sup>th</sup>)**  
**Boys & Girls**



NAME OF CAMPER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

GRADE ATTENDING IN FALL: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

NOTE ANY SPECIAL NEEDS OF CAMPER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT IF YOU ARE UNAVAILABLE:

NAME	NUMBER

**CAMP COST:**

(Circle One)

Per Camper

One Camper

\$125

Two Campers

\$100 each

Three or more

\$80 each

\*Multiple rates are for immediate family only in the same camp

\*Please complete separate form for each camper

I am available to drive campers to camp on July 17<sup>th</sup> - # extra Seatbelts \_\_\_\_\_

I am available to drive campers from camp on July 21<sup>st</sup> - # extra Seatbelts \_\_\_\_\_

(Please only list the # of extra seatbelts that you will have for kids.)

Total Cost: \_\_\_\_\_  Cash or  Check # \_\_\_\_\_ Amount \_\_\_\_\_  Scholarship Request  
**(make checks payable to Easthaven Baptist Church)**