

# SUMMER BIBLE CAMP

## Registration Form

Monday, July 27th-Thursday, July 30th, 2015

10:00 a.m.-1:00 p.m.

at 1st Church of Christ, Scientist, Austin

Pre-school-High School

Sponsored by First and Third Churches of Christ, Scientist, Austin

Please fill out this form and return to church clerk or Cary Heroy. Or mail to Cary Heroy at 15500 Belfin Dr, Austin, TX 78717, or e-mail to ckheroy@yahoo.com.

Student/Volunteer \_\_\_\_\_ Grade [Aug. '15] \_\_\_\_\_ T-shirt size\_\_\_\_\_

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Student/Volunteer \_\_\_\_\_ Grade [Aug. '15] \_\_\_\_\_ T-shirt size\_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ cell phone\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

### Parent/Guardian Permission to Attend Activity

I give permission for \_\_\_\_\_  
to attend Bible Camp at First Church of Christ, Scientist, Austin. I understand that the camp will include Bible-based activities, singing, crafts, skits, and snack/play time.

\_\_\_\_\_ I give permission for my child/children to be photographed/videoed during the camp.

\_\_\_\_\_ I give permission for my child/children's pictures/video to be used on the churches' websites.

**In the event of emergency**, I hereby direct camp personnel to:

\_\_\_\_\_ Seek Christian Science treatment from a Christian Science practitioner listed in the *Christian Science Journal*. Or  
Name & phone # of preference: \_\_\_\_\_

\_\_\_\_\_ Seek appropriate medical assistance.  
Name & phone # of physician: \_\_\_\_\_

In either case, camp personnel will exercise reasonable judgment in administering on-the-scene first aid and will notify the parent/guardian.

Alternate name & phone number to contact if parent/guardian is unavailable:

\_\_\_\_\_

ANYTHING WE SHOULD KNOW ABOUT YOUR CHILD [diet, health issues, etc.]

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Signature of parent/guardian\_\_\_\_\_

\*Donations gratefully accepted.