

**FRIENDSHIP BAPTIST CHURCH**

~ Serving Ewa, Hawaii ~

Church Location - 91-1050 Keaunui Drive

Office - 91-1130 Renton Road I (808) 687-3638

Youth Center - 91-1207 Renton Road I (808) 681-8838

**TEEN CAMP PERMISSION FORM**

Summer 2022

**Friendship Teen Camp | Camp Waianae | 85-1508 Haleahi Road | Waianae, HI 96792****\$185 Early Registration BEFORE 6/30/2022 - \$220 Regular Fee***(Complete one form per camper)***TO BE COMPLETED BY PARENT**

<b>Camper Name:</b> <i>(first, last)</i>					<b>Birthdate:</b> / /	<b>Age:</b>	<b>Gender:</b>	<b>Grade Completed:</b>
<b>Method of Payment:</b>  <input type="checkbox"/> Cash <input type="checkbox"/> Check  <i>(Checks payable to Friendship Baptist Church)</i>		<b>T-shirt size:</b> <i>(one included)</i> SIZE - S    M    L    XL    XXL  <b>Extra Shirt:</b> <i>(optional)</i> <input type="checkbox"/> Yes - add \$15 to camp fee			<b>Total Payment Enclosed:</b> <i>(Include extra t-shirt)</i>			
<b>Name of Parent/Legal Guardian 1:</b> <i>(first, last, cell #)</i>				<b>Name of Parent/Legal Guardian 2:</b> <i>(first, last, cell #)</i>				
<b>Emergency Contact:</b> <i>(name/number)</i>			<b>Parent Email Address:</b>		<b>Parent/Guardian Mailing Address:</b>			
<b>Please list all information relating to any allergies, medical conditions, dietary restrictions, etc... for this child:</b>								
<b>Please list any additional information you wish for our staff to know about your camper:</b>								
<b>INSURANCE INFORMATION:</b> <i>(please list provider and medical record number if any)</i>								
<b>By giving consent for my child to participate in Friendship Teen Camp, I understand that I am agreeing to the following terms:</b> <i>I give permission for _____ (camper's name), to attend Friendship Baptist Church's Teen Camp, July 25-29, 2022. We realize that Friendship Baptist Church will not be held liable for accident or injury. In the event of an emergency, every effort will be made to contact parents or guardians of the camper. If I cannot be reached, I hereby give my permission to the physician selected by the camp to hospitalize and secure proper treatment, including injections, anesthesia, surgery, etc., for my child. I also understand my child's image may appear in publication of this ministry (via facebook, twitter, etc...) including flyers and other outreach materials.</i>								
<b>Parent Signature:</b>					<b>Date:</b>			