

Oak Grove Church Camp

August 3-5, 2018
Camp Strong Rock
Cleveland, Georgia

You must have a **completed and signed** registration form to attend camp.

Name: _____

Age: _____ Grade Entering _____ (*Must be 9 years old on or before January 1, 2019*)

Address: _____

Home Phone: _____ Cell Phone: _____

Do you have any allergies? Yes _____ No _____

If "yes", what type and treatment? _____

Are you on any medication? Yes _____ No _____

If "yes", what type and for what treatment? _____

(Medications need to be signed in at registration)

My child is allowed to participate in Field Day activities? Yes _____ No _____

My child is allowed to swim with a lifeguard on duty? Yes _____ No _____

My child has my permission to ride in a car, van, or bus driven by an adult to and from camp? Yes _____ No _____

T-shirt size: (circle) **Youth:** M L **Adult:** S M L XL XXL

****Bring twin sheets or sleeping bag, pillow, blanket, and bathroom towels.**

If guest, invited by _____

In case of emergency, contact the following people (**must include a phone number**):

1. _____

2. _____

DROP OFF: 5:15 pm on August 3rd at Oak Grove Baptist Church.

PICK UP: 2:00 pm on August 5th at Oak Grove Baptist Church.

Consent:

I, the parent or legal guardian of the above named person, do hereby grant my permission and consent to the following with respect to Oak Grove Church Camp:

(MEDICAL) -to have medical treatment administered to the above named person, without my prior direct knowledge of such activity, as directed by the adults accompanying the above mentioned individual. I further understand that efforts will be made to obtain my consent prior to any such medical activity and that medical activity will only be sought if needed for life sustainment and/or enhancement for the above named individual. Over the counter medications may be dispensed to the individual as necessitated by his or her needs,

(TRANSPORTATION) - I give my permission for the above said individual to ride in vehicles operated in conjunction with Oak Grove Church Camp, whether they be private or commercial,

(PARTICIPATION) - I give my permission for the above said individual to participate in Church Camp activities (that may include, but not limited to): field activities/games, water activities, swimming, group activities /studies, and other activities as may be directed.

This consent is entered into in Forsyth County, Georgia, and the same shall serve as legal jurisdiction for any and all issues. I further agree to hold harmless any and all agents of Oak Grove Church Camp. My consent is given freely and without reservation.

(Parent or Legal Guardian)

(Date)

Return to Anna Ridings on or before July 22 , 2018

Or mail to: 5345 Oak Grove Circle Cumming GA 30028

Phone: 678-873-0726 (C)

aridings@forsyth.k12.ga.us

For a list of items and more information visit our church website:

www.oakgrove-baptistchurch.org

Registration fee: \$25.00 (please submit with registration form)

Office Use Only

Paid: Yes _____ No _____

Room Assign: _____

Group Assign: _____