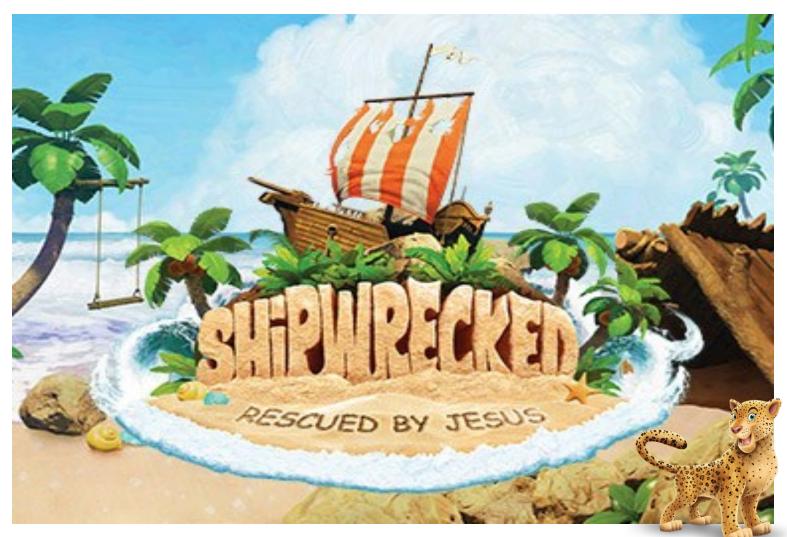
Day Camp Registration June 25-29, 2018

Name:			
Gender: M F Age	_ RESO	CUED BY JES	us ?
Current grade (as of 04/18):	_	1,000	and the same of th
School:*Requests must be received no later t	Friend request * than June 19, and the request mu	st appear on both	friends' forms.
Health, behavioral issues, or special n	eeds we should be aware of:		
Does your child carry any medication	(EpiPen or insulin)?		
Snack is served daily, as well as occas	sional treats that reinforce learning	g.	
Are there any allergies we should be a If so, please provide your email in the In the case of severe allergies, we recomm	space provided below to receive	a snack menu befo	ore camp starts.
Mailing address:	City:	State:	Zip:
Email address:			
Mother's name and number:			
Father's name and number:			
Emergency contact and number:			
Are you planning to help with	Day Camp? (take \$5 off the cos	st of 1 child!)
	h child has a spot, payment mus Make checks payable to: Chapel H		
☐ I am encl	osing \$5 extra for a Shipwrecked	music CD.	
(CD will be available at the regist	tration table, starting at 11:30 AM, Monday, Jun	e 26. Adult pick-up only p	olease!)
I am enclosing \$	s extra to be applied to cam	per scholarships.	
	camp for inclusion in end-of-the-cromotional efforts such as brochur		
Do you gran	nt us permission for photo release	? YES NO	
I (we), the parents/guardians of above mention	ned student, do hereby authorize Chapel H	ill Church as agents for	the undersigned to

consent to any x-ray examination, anesthetist, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by the tending physician licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment deemed advisable. I also understand that our family is responsible for necessary medical treatment, whether through insurance or other means and that Chapel Hill Church does not provide medical insurance coverage. I accept full responsibility for any financial indebtedness related to transporting and treating my child at a hospital or medical clinic.

I agree to release and hold harmless Chapel Hill Church and/or its agent or employees liable for damages, losses or injuries to the persons undersigned. The parents or guardians understand that they are signing for the minor listed on this form and that the signature is for both medical, liability and photo release.

Parent Signature	Date	



Send your kids on an impacting island adventure to discover how Jesus rescues us through life's storms.

June 25-29, 9:00 AM - Noon

Chapel Hill Presbyterian Church, Gig Harbor For: Kids who have completed K-4th grades Cost: \$40 per child. Pre-registration required.

Shipwrecked is filled with incredible Bible-learning experiences kids see, hear, touch and even taste! Oceans of fun await on this isle of smiles.

Questions? Volunteers call Karen @ 853-0223 Registrations call Pam @ 853-0272

Preschool Tide Pool is open to preschoolers through Pre-K who have a parent or caregiver helping with Shipwrecked. Registration required, \$35. Space limited.

Be sure to register when signing up to help with Shipwrecked Day Camp!

Nursery childcare is available for the youngest campers of volunteers at no cost.

Mailing Address: PO Box 829 Gig Harbor WA 98335