



## Registration for Family Groups

Camp \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  M  F

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City/St/Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Additional camper: \_\_\_\_\_  M  F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional camper: \_\_\_\_\_  M  F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional camper: \_\_\_\_\_  M  F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional camper: \_\_\_\_\_  M  F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **MEDICAL WAIVER**

I, the parent or guardian of above named participant(s), give my voluntary consent to his/her participation in Lakeside Bible Camp (LBC) activities.

Furthermore, I authorize LBC, its staff or its agents to approve and obtain any and all medical attention deemed necessary for the welfare and good health of the above named when ordered by professional medical staff: with the understanding that all reasonable attempts have been made to consult with myself beforehand except in the case of minor illness and/or first aid where deemed appropriate.

I release LBC, its trustees, directors, corporate members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

I understand that LBC, its staff or agents reserve the right to dismiss a participant who is in their opinion a hazard to the safety and well being of others, or who appears to have rejected the reasonable guidelines of the activity.

### **PUBLICITY RELEASE**

Permission is hereby granted to allow photographs, videotapes, and quotes to be taken for publishing and used to illustrate, promote, and advertise Lakeside bible camp and its programmed activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_