



4th & 5th Grade Campout

Salem Fields Community Church Registration Form

August 11 - 13, 2017
Friday 1PM - Sunday 12PM

*Please print clearly and return to the Church Office. Cost is \$35.00/child.
Make checks payable to: SFCC. Application Deadline: Sunday, August 6, 2017.*

Child 1

Child's Name: _____

Date of Birth: _____ Age: _____

Grade Entering: _____

Allergies/Medical Concerns: _____

Parent/Guardian 1

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone #: _____
Cell Phone #: _____
Email Address: _____

Parent/Guardian 2

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone #: _____
Cell Phone #: _____
Email Address: _____

Emergency Contact (other than parents)

Name: _____ Relationship _____ Phone #: _____

Emergency Medical Release

In the event of sickness or medical emergency where I am not present and cannot be reached, I request that my child receive any medical attention or treatment deemed necessary by the staff and/or ministry leadership of Salem Fields Community Church. Therefore, I give permission to any hospital, doctor, and/or health care provider to treat/transport/admit my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child.

Signature of Parent or Guardian _____ Date _____

Photo Release

I give permission for pictures and video of my child to be used on any of the Salem Fields Community Church websites, social media & other in-house publicity.

Signature of Parent or Guardian _____ Date _____

Additional Children Registration

Child 2

Child's Name: _____

Date of Birth: _____ Age: _____ Grade Entering: _____

Allergies or Medical Concerns: _____

Child 3

Child's Name: _____

Date of Birth: _____ Age: _____ Grade Entering: _____

Allergies or Medical Concerns: _____

Child 4

Child's Name: _____

Date of Birth: _____ Age: _____ Grade Entering: _____

Allergies or Medical Concerns: _____

Child 5

Child's Name: _____

Date of Birth: _____ Age: _____ Grade Entering: _____

Allergies or Medical Concerns: _____



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Swimming & Lake Usage Release Form

The following form must be completed by the camper's guardian. We must have this form on file to allow your child to participate in the swimming and lake use (canoeing, boating, & fishing.)

- I acknowledge that I have voluntarily agreed to allow my child to participate in the swimming and lake use at Salem Fields Community Church's 4th/5th Grade Campout. An American Red Cross Certified Lifeguard will be provided at all times the pool is open and on the premises during lake time.
- I recognize the hazards inherent in my child's participation in pool swimming and lake usage, and I acknowledge that although Salem Fields Community Church has taken the safety measures to minimize the risk of injury, Salem Fields Community Church cannot insure that my child, the equipment, pool premises and/or water/lake activities will be free of hazards, accidents or injuries. I further acknowledge that I have instructed my child of pool safety rules, and I will accept legal responsibility should my child fail to obey these rules. Furthermore, I hereby release Salem Fields Community Church, its employees and agents from liability, any damages, or injury, including death caused by, derived from, or associated with my child's participation in swimming and lake usage, except for such damages or injuries as may be caused by the gross negligence or willful misconduct of the Salem Fields Community Church employees, volunteers, and/or pool/homeowners.

Camper's Name

Guardian's Name (PRINT)

Parent Signature

Date