



THE HISTORIC
CALVARY
BAPTIST CHURCH
OF DOVER, DELAWARE

SUMMER CAMP REGISTRATION FORM

CHILD INFORMATION:

First Name:_____ Last Name:_____

Date of Birth:_____ Grade:_____

Home Address:_____

City:_____ State:_____ Zipcode:_____

PARENT/GUARDIAN INFORMATION:

Name:_____

Home Address:_____

Home Phone:_____ Cell Phone:_____

Email Address:_____

MEDICAL INFORMATION:

Does your child have allergies?_____ If yes, please list:_____

Does your child have any medical conditions that would necessitate a staff member administering medication? _____

EMERGENCY CONTACT (OTHER THAN THOSE LISTED ABOVE):

Name:_____ Phone Number:_____

Relationship to child:_____

Name:_____ Phone Number:_____

Relationship to child:_____

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

CALVARY BAPTIST CHURCH WAIVER AND RELEASE OF LIABILITY

By signing this document, I acknowledge and agree to the following:

1. **Voluntary Participation:** I understand that participation in the Youth Summer Camp organized by Calvary Baptist Church is voluntary and may involve physical activity and transportation.
2. **Assumption of Risk:** I acknowledge that there are inherent risks associated with camp activities, including but not limited to sports, swimming, hiking, travel, and other recreational events. I voluntarily assume all such risks, known and unknown.
3. **Medical Consent:** In the event of a medical emergency, I authorize the adult leaders or designated staff of Calvary Baptist Church to obtain and administer necessary medical treatment for the participant. I agree to be responsible for any resulting expenses.
4. **Release of Liability:** I, on behalf of myself, my child (if participant is under 18), and our heirs, successors, and assigns, hereby release and hold harmless Calvary Baptist Church, its pastors, employees, volunteers, agents, and affiliates from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, injury, illness, or death that may be sustained by the participant while participating in camp activities or while traveling to or from camp events.
5. **Behavior and Dismissal:** I understand that the participant is expected to follow the rules and directions of the camp staff. Calvary Baptist Church reserves the right to dismiss any participant whose behavior is deemed inappropriate or unsafe, at the discretion of the camp leadership, without refund.
6. **Photographic Release:** I grant Calvary Baptist Church permission to use photographs and video taken of the participant during camp for promotional purposes, including social media and church publications.

By signing below, I acknowledge that I have read and understood this waiver and release, and that I agree to its terms voluntarily.

Parent Signature: _____ Date: _____