

# Chase the Light

KIDZ INC SUMMER CAMP 2010  
JULY 12 - 16

## Release Form

Child's Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Grade in September: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent/Guardian:  
\_\_\_\_\_

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
(This person will be contacted if we cannot get in touch with the parent or guardian).

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name & Phone: \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to attend Kidz Inc. Summer Camp at Lost River Retreat Center in West Virginia from July 12-16. I give my full consent to the staff of Fair Oaks Church to provide supervision for my child, including transportation to and from camp. I give Fair Oaks church and the staff permission to provide necessary medical aid for my child while at camp. I understand that if my child chooses to engage in inappropriate behavior, I may be requested to pick up my child from camp at my own expense.

Parent/Guardian Signature:  
\_\_\_\_\_

Please return this form to Kelly Coleman at Fair Oaks Church by June 27<sup>th</sup>.  
You can simply drop it by Connection Central after any service.