

BETHANY LUTHERAN CHURCH DRAMA CAMP REGISTRATION 2017

Participant Information

Name	Grade	T-Shirt Size	Baptism Date	Allergies/Special Needs

Parent/Guardian: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

May we take pictures of your child(ren) during/in Drama Camp Activities? Yes No

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Bethany Lutheran Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Bethany Lutheran Church's Children's programs when I or my emergency contact is unavailable to give such consent. This authorization shall be effective from July 17 through July 20, 2017.

Parent/Guardian Signature: _____ **Date:** _____

Would you be willing to help in our Sunday School program? If so, how?

Classroom Helper

Kitchen Helper

Music

Other: _____