



Name _____

Address _____

Age _____ M or F Grade _____

***FREE* - K-6th Grade**

Does your child require a special diet due to allergies? _____

Does your child have any other allergies of any type? _____

Medical Treatment Authorization

I understand that I will be notified in the event of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I understand that Harvest Chapel will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian.

I agree to notify Harvest Chapel in the event of any health changes which would restrict my child's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child from activities that they do not feel is within the physical capabilities of my child.

Signature of Parent/Guardian

Date

Media Release

I hereby give consent for Harvest Chapel to take photographs & video footage of my child(ren) during camp activities for advertising, promotional materials, web page, & publications.

In signing below, I fully understand and give approval for the above mentioned transportation and media release.

Signature of Parent/Guardian

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