

ROAR! – BIBLE CAMP 2019

Camper Registration Form

FOR OFFICE USE ONLY

Check # _____ Cash _____

Amount \$ _____

CAMP WEEK June 24TH – 28TH WITH OPENING MASS ON JUNE 23 @ 9:00AM

This epic African adventure engages the whole herd. At Roar, kids explore God’s goodness and celebrate a ferocious faith that powers them through this wild life. Bible point activities, team-building games, cool Bible songs and community outreach projects are just a few of the activities that will help campers grow in their faith and love of God. **IMPORTANT NOTES:** Space is limited. Registration is on a first come, first served basis. (Non-Parishioners will be confirmed beginning May 1.)

Two Bible Camp Programs (Select the Program you would like to attend)

_____ Children’s Program for Pre-K* through 5th graders. This Program runs from 9:00 – 12:30

*Children must have attended a pre-school program and be potty trained.)

_____ Middle School Program for students going into 6th, 7th and 8th grade. Program runs from 1:00 – 4:00

Parent Information

Parent’s Name(s) _____	Email: _____	
Home Address: _____		
Home Phone # _____	Cell Phone # _____	Work Phone # _____
Pickup Person – Who will be pick up your child(ren)?		

Camper Information

Name	M/F	Date of Birth	Age	Entering Grade	T-shirt size XS, S, M, L, XL	Attended St Matthew Bible Camp before?	Fee (see costs below)
						Total Fee**	\$

** Checks payable to St. Matthew Church. Payment is required with completed registration form.

Camp Costs

Children’s Bible Camp Costs - 1 child-\$60, 2 children-\$105, 3 children \$140, 4 or more children \$175

Middle School Camp Costs - \$30 per student (thanks to a Grant for our MS Camp)

If you wish to sponsor a child, please include any additional donation amount. \$ _____

MEDICAL RELEASES AND PERMISSION

In the event that medical or surgical treatment is required for my child(ren) named above during Vacation Bible Camp (VBC), I grant permission for St Matthew Parish VBC staff to seek medical care for my child. In the event that I cannot be reached at the numbers provided, I grant the Physician and Dentist listed below permission to provide the care necessary for my child's well-being. I, the undersigned Parent/Guardian do release, acquit, discharge and hold harmless St Matthew Parish and its representatives, or any medical professional, from any and all damages or liabilities arising out of the treatment of many sickness or accident incurred by my child.

I give permission for the child(ren) named above to participate in St Matthew Parish VBC and understand that they will be under the care and guidance of its leaders.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

EMERGENCY INFORMATION

Contact Name	Phone	Cell phone
Family Doctor	Phone #	
Family Dentist	Phone #	
Medical Insurance	Policy #	

List any food allergies, insect allergies or medications being taken or any other pertinent information that we need to know about your child(ren) in order to keep them safe. _____

Are there any medical conditions, learning styles, family situations or special needs we should be aware of? _____

PHOTO RELEASE

I/we, the legal parent(s) and/or guardian(s) of the above referenced child/children. Agree and understand photographs which include my/our child's/children's images taken at the St Matthew Summer Bible Camp will be used in the Bible Camp Outreach.

Participant's names will NOT be published, and the photographs will be of the crew your child/children are assigned. I/we hereby give St. Matthew Church permission to print and distribute the photographs as part of the Bible Camp Program.

Print Name _____

Parent/Guardian Signature _____