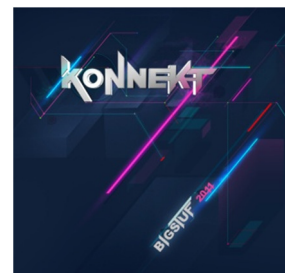


CALVARY BAPTIST CHURCH PERMISSION SLIP
HIGH SCHOOL Summer Camp 2011



July 18-23 (Daytona Beach, FL)

\$375 (\$50 Deposit due April 10 / Balance due May 15, 2011)

**I give my permission for _____
to attend BigStuf Camp with Calvary Baptist Church.**

Parent/Guardian name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Other contact(s) in case of emergency:

Name: _____ Number: _____

Name: _____ Number: _____

Allergies, medications, or other important medical info: _____

Insurance information: (Note: please provide a copy of your insurance card)

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event of an emergency where medical treatment is required, I give my permission to the church staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

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

**Registration & \$50 non refundable
deposit are due April 10th.**

Cost is increased by \$20 if registered after April 10th.

Final payment is due May 15, 2011