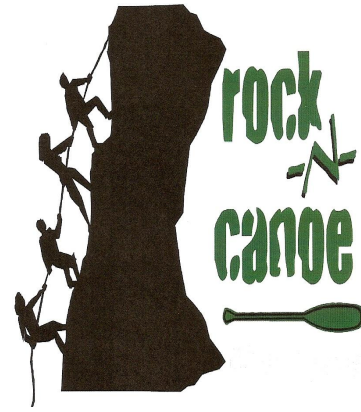




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CAMP



Camper's Name: _____

Parent's Names: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: (____) _____ Cell: (____) _____

E-Mail: _____

Grade (Fall 20): _____ School: _____

Birthdate: _____

Who would you like to room with: _____

Does camper have any medical condition(s) that we should be aware of? (allergies, medication, etc.) If so, please explain.

The undersigned gives permission to his or her child to participate in the named activity and releases Christ Church of Oak Brook, its officers, employees and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his/her family, in attendance, and the undersigned agrees to defend and indemnify Christ Church of Oak Brook, its officers, employees and agents any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Director of Children's Ministry to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

By signing this permission form, the undersigned understands that still images or video taken on trips may be used by Christ Church of Oak Brook in internal, printed materials, as part of a visual or auditory presentation or as a depiction of a regular church activity. I understand and agree that this will become the exclusive property of the organization named above and that I am to receive no compensation or remuneration for my participation, or that of my child/children.

Parent Signature: _____ Date: _____

Insurance Company: _____ Policy Number: _____

By signing this permission form any photographs taken at or during these events are the property of Christ Church of Oak Brook and may be used in future publications as deemed appropriate.



Christ Church of Oak Brook, Children's Ministry Department
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