# Children's Camp 2010
# Camp Wo-Me-To in Jarrettsville

*Put on the full armor of God, so that…you may be able to stand your ground…* Ephesians 6:13

**Theme:** ***Defending the Faith:*** Teach your son or daughter how to stand firm in his or her faith in the modern culture.

**When:** Sunday, June 27th at 4:00 PM – Thursday, July 1st at 9:00 PM

**Age:** 9-12 yrs. old as of June 27th **Cost**: $160* – includes room, board, insurance & all fees
*Families with multiple children: 2nd child: $140; 3rd child: $120; 4th child: $100)

Activities will include: Chapel services, hiking, swimming, arts and crafts, stream walking, fishing, ball games, confidence course, music, boating, field games, Vespers, and more!

**Info:** North Harford Baptist Church, 410-836-6994 www.NorthHarford.org/camp

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Pre-registration Form *** Please mail completed form and Emergency Info form for each child ***

Child's Name:_____ Gender:_____

Parent or Guardian:_____

Address:_____

**Adult** *(circle size)* **Youth**

Phone:_____ Age (as of 6/27/10): _____ T-Shirt Size: S M L S M L

Are you affiliated with a church? ____ If yes, which one? _____

Mail one Emergency Info form and one completed pre-registration form per child with $60 deposit per child to:
North Harford Baptist Church, 4008 Old Federal Hill Road, Jarrettsville, MD 21084

*Make checks payable to* North Harford Baptist Church Copy this form or call 410-836-6994 to request copies

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## North Harford Baptist Church Emergency Information Form

Name_____Birthdate:_____Grade_____Age_____Gender_____

Home Address_____City_____State_____Zip_____

Parent/Guardian_____

Work Address_____City_____State_____Zip_____

Home Phone_____Work Phone_____

List two optional emergency relatives or friends: Name_____Relation_____Phone_____

Name_____Relation_____Phone_____

Doctor_____Phone_____Insurance_____Group#_____Policy#_____

IN CASE OF EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injection of medications for my child.

_____Date:_____
Signature of Parent of Guardian

Please list any allergies that your child may have. This includes medicines, insects, etc. Also note any other info that we may need below. Use other side of this form if necessary: