

PERMISSION / REGISTRATION FORM
North Harford Baptist Church
4008 Old Federal Hill Road, Jarrettsville, MD 21084
Summer Children's Camp
Spiritual and Physical Fitness
June 28 - July 2, 2009

I give my permission to **North Harford Baptist Church** and **Camp Wo-Me-To** for my child (fill in child's name) _____ to attend the above-mentioned activity on the given dates. In case of medical emergency throughout the course of the activity, I understand that every effort will be made to contact the parents or guardians. In the event that I cannot be reached, I hereby give permission to the church's representatives and any necessary medical personnel to secure proper treatment for my child as named above.

Please Read: My child agrees to abide by all rules as set forth by North Harford Baptist Church and Camp Wo-Me-To. I have provided an up-to-date Emergency Information card.

Parent's Signature: _____ Date: _____

Youth Information

Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Please complete this form and the Emergency Information Card, and turn them in at the sign-in area when you bring your child to camp.

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