

Camper Release Form
February 18-19, 2018

Camper's Name _____ **Male / Female**

Age _____ **Date of Birth** _____ **Grade** _____

Address _____

City _____ **ZIP** _____

Phone _____

Person to notify in case of emergency:

Name _____

Daytime Phone _____ **Nighttime Phone** _____

Cell Phone _____ **Email** _____

Is there any medication or treatment that must be administered while at camp?

If yes, please list

Is camper allergic to any foods or medicine?

If yes, please list

I, the undersigned, do hereby give permission

for _____ to attend and participate in the Winter Retreat at Birchwood Camp in Chugiak.

I authorize the use of any photos of my child, taken in connection with camp, to be used in future advertisements and sales to include being placed on the ABT website. I consent to whatever medical care may be required for the welfare of my child. I release the Anchorage Baptist Temple and Birchwood Camp in Chugiak from all liability and agree to pay all expenses incurred in connection with the medical services that may be rendered pursuant to this authorization.

Insurance Company

Policy #

Authorizing Signature

Please return to Anchorage Baptist Temple, 6401 E. Northern Lights Blvd, Anchorage, AK 99504
907-333-6535 Attention Chris Carter, fax to (907)929-9851, or scan and email to ccarter@ancbt.org

NOTE: No Refunds will be issued after February 14th