

REGISTRATION

Name _____ Birth date ____ / ____ / ____
Address _____ Grade _____ Age _____
City _____ State _____ Zip _____
E-Mail _____ Phone _____ (Voice/VP/Text)
Church _____

Please Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Female Camper | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Male Camper | <input type="checkbox"/> Hard of Hearing |
| | <input type="checkbox"/> Hearing |

For Adults only:

- Counselor in Training*
 Counselor*
 Volunteer/Support Staff*

* There are additional forms that you will need to fill out. Please contact the Camp Director for additional forms that need to be filled out. Also, you are required to attend one of our camp training session in June 2015 (TBA).

I agree to abide by all camp rules and understand that my wrong behavior can result in being sent home.

Camper's Signature: _____

Date _____

A form must be completed for each member of your family going to camp!

Photography Permission

I hereby give Liberty Deaf Camp staff permission to take photographs of me and the minor(s) named below or photographs in which the minor may be involved with others for the purpose of promoting it on our Liberty Baptist Church of the deaf website and our camp brochure for annual.

I hereby release and discharge Liberty Deaf Camp, Liberty Baptist Church of the Deaf, and Deaf Outreach Church from any and all claims arising out of use of photos, or any right that I or the minor have.

I _____ am 18 or older and am able to contract for the minor in the above regard. I have read the above statement and fully understand.

Signature: _____ Date: _____

Name: (please print) _____

Address: _____

Name of minor(s): _____

Address if different from above:

Relationship to minor: Parent Grandparent Guardian

OFFICE ONLY:

Cash \$ _____ Check # _____ Money Order \$ _____

Scholarship \$ _____

Boy Girl

Age: _____

Cabin Name: _____

Color Team: _____

Complete by: _____ (Initials Only)