

# REGISTRATION

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

## Please Check all that apply:

- Female Camper
- Male Camper

- Deaf
- Hard of Hearing
- 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 2019 (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)