

Summer Bible Camp 2020

Tree of Life Lutheran Church,
Odessa, DE 19730



Registration Form

Name of Camper _____

Age _____ Grade in School _____ Gender _____ T-shirt size _____

Any Known Allergies _____

Any Known Medical Conditions _____

Any Special Needs _____

Swimming Ability Non-Swimmer – Beginner – Intermediate - Swimmer

Parent(s)/Guardian(s) Name _____

Address _____

Cell Phone _____ Email _____

Alternate Phone _____ Alternate Email _____

Authorized pick-up people (other than named above) _____

I (Parent/Guardian) _____ of child _____
hereby authorize emergency medical treatment of my child in event I cannot
be contacted to give permission. I understand I will be responsible for the
cost of such treatment. My signature indicates that I have read and agree to
the terms and policies of the Tree of Life Bible Camp.

Signed _____ Date _____

Registration Fee Paid _____ Check # _____ Cash _____