



### Application Form and Medical Release

**NOTE: YOU MUST REGISTER BY E-MAIL OR PHONE BEFORE SUBMITTING THIS APPLICATION**

#### For your information, we expect each camper to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

I, the camper, have read the rules of conduct, the above evaluation of my health, and permission to participate in camp group activities. I agree to abide by the stated personal limitations and code of conduct to the best of my ability.

Camper signature: (if possible) \_\_\_\_\_ Date: \_\_\_\_\_

#### What to Wear: Casual clothing to allow for movement

**Food: Bring a sack lunch**

**Check preferences :**  Water only     Soft drink regular     Soft drink No Caffeine     Cookies     NO cookies

Activities may include, but are not limited to, eating, walking, singing, use of craft materials, such as glue or finger paint, group activity photographs: *If you desire to limit your camper's participation in any event, please submit your wishes in writing to the camp director prior to that event.*

\_\_\_\_\_ has my permission to attend all camper activities  
NAME OF CAMPER

sponsored by \_\_\_\_\_  
**Stone Soup / Redeemer Fellowship / Judson Baptist Church (hereinafter "Church")**  
NAME OF ORGANIZATION

for (indicate date you wish to come) : \_\_\_\_\_  
DATE DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the camper named above, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the camper named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail application to: Stone Soup, Attn: Lynn McGary, 4900 Franklin Road, Nashville, TN 37220**