

Parental Consents (Check all that apply)

MINOR'S NAME: _____

MEDICAL PERMISSION & ACKNOWLEDGMENTS: My child has my consent to attend the Friendship Baptist Camp. It is my understanding in the event that I cannot be reached: The physician/medical facility has my permission to treat my child. I do not hold Friendship Baptist Camp or any of its agents or representatives responsible for the health and safety of my child while on the premises. I further certify that to my knowledge, my child has not been exposed to any contagious diseases within the last thirty days. I have read carefully and agree that my child will comply with all rules and regulations, either posted or stated by the camps staff, or risk being sent home from camp.

PHOTO RELEASE: I understand that my child may be photographed or videotaped while at Friendship Baptist Camps. Friendship Baptist Association has my permission to use these pictures in promotional material and/or on the Association websites. I understand that no identifying information will be provided with the photos.

UNDER AGE 18 DRIVER: My child has permission to sign himself/herself into camp on opening day and sign himself/herself out on closing day. I have made my child aware that he/she must leave his/her vehicle parked in the designated area during the week of camp. My child understands that he/she will not be allowed to drive while camp is in session or be allowed to leave Friendship Camp for any reason. (If exceptions to this policy are needed the parent/guardian must make arrangements with the camp director and give us written permission.) Drivers under the age of 18 are not allowed to transport other minors, excluding immediate family members.

Parent/Legal Guardian Signature _____ Date _____