



Experiment With Us!

SUMMER BIBLE CAMP Camper Registration Form

Grades 1 thru 6 (as of Sept. 2008)

Registration deadline June 18th, 2008: **\$15.00**
(or until bible camp is full)

Grapevine Church of God

1403 Overlook Drive, Grapevine, Texas 76051

Pastor Roger: 817-481-1410 or 817-223-8035

www.grapevinechurchofgod.com

\$60.00/Week or \$15/day

(plus \$15.00 registration fee)

Bring a Sack Lunch with you each day

**July 7 - 11, 2008
8 AM - 5 PM**

Name: _____

Phone: _____ Circle one: M or F Age: _____

Address: _____

City, State, Zip: _____

Grade in Sept. 2008 1 2 3 4 5 6

Additional Notes (e.g. allergies or medical conditions):

Parent's email: _____ Cell Phone: _____

Emergency Contact: _____

T-shirt Pre-order XS S M L XL

I, the undersigned parent or legal guardian of _____, do hereby give consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment as authorized Grapevine Church of God Bible Camp at any accredited hospital in time of any special emergency or medical disaster. It is understood that this authorization is given in advance of any specific diagnosis, but given to provide authority to any diagnosis, treatment or hospital care which the physician in the exercise of his/her best judgment may deem advisable. This authorization will remain in effect for any Bible Camp related activity for this year. I agree not to hold the Grapevine Church of God or any of its members or staff liable for injury during this event.

Parent/Guardian signature: _____ Date: _____