

CAMP CRESTVIEW

Sponsored by Crestview Missions & Emmanuel Lutheran Church &
Robert Gray Baptist Church

When: July 10-14

Time: 8:30-5:00pm

Where: Robert Gray Baptist Church

Registration: Drop-Off or Mail Form & Registration

Fee to Robert Gray Baptist Church, 2448 46th

Ave., Longview, WA 98632

More Information: Call 360-425-8250 or

www.robertgraychurch.org

Kids from completion of Kindergarten to 6th Grade are invited to Camp Crestview for a fun time of music, biblical teaching, crafts, and fun recreation events. Cost is only \$10 for the week, and spaces are limited to first 150 students.

Separate Program for Kindergarten to 4th Grade & 5th to 6th Grade Students. Lunch and Snacks provided. All students will be dropped off and picked up at Robert Gray location, where 5th and 6th Grade Students will be transported to Emmanuel Lutheran Church and off-campus recreation events.

Camp Crestview Registration Form

Please print clearly and completely.

OFFICE USE ONLY
CAMP FEE
CASH _____
CHECK# _____
Initials _____

Child's General Information

<u>Name</u>	<u>DOB(M/D/Y)</u>	<u>Age</u>	<u>Grade Completed</u>
<u>Does the child have any Allergies? (If Yes, please specify)</u>		<u>Does the child have a developmental and/or physical challenge?</u>	<u>Any Medications?</u>
<u>T-Shirt Size</u> <input type="checkbox"/> <u>Youth M (10-12)</u> <input type="checkbox"/> <u>Youth L (14-16)</u> <input type="checkbox"/> <u>Youth XL/Adult S</u> <input type="checkbox"/> <u>Adult M</u> <input type="checkbox"/> <u>Adult L</u>	<u>Name of Another Camp Friend I Can't Live Without (Camp Staff Will Do Our Best to place children in same group if possible)</u>		
<u>Can your Child Swim?</u>	<u>Additional Information:</u>		

Parent/Guardian Information

<u>Parent/Guardian 1 Full Name</u>		
<u>Street Address</u>	<u>City/State/Zip Code</u>	<u>Best Contact Number(s)</u>
<u>Parent/Guardian 2 Full Name</u>		
<u>Street Address (if different than above)</u>	<u>City/State/Zip Code</u>	<u>Best Contact Number(s)</u>
<u>Emergency Contacts (IN CASE YOU CAN'T BE REACHED)</u>		
<u>Primary Contact's Name</u>	<u>Phone</u>	<u>Primary Doctor's/Clinic Name</u>
<u>Secondary Contact's Name</u>	<u>Phone</u>	<u>Phone</u>

PLEASE READ CAREFULLY-RELEASE MUST BE SIGNED

TRANSPORTATION/EMERGENCY RELEASE (effective for Camp Crestview 2017)

I give my consent for my son/daughter to participate in all Camp Crestview Events. I also give my consent for my child to ride in church provided transportation. In the event of an emergency, I the undersigned, parent, or legal guardian of the participant, hereby authorize the Camp leaders, as my Agents, to consent to necessary medical treatment. I understand every effort will be made to notify me as soon as reasonably possible. Furthermore, I will not hold Camp Crestview staff or its sponsors (Robert Gray Baptist Church, Emmanuel Lutheran Church) liable for any accident that the participant may incur while attending Camp Crestview.

Photo Release (Please Initial Yes or No): Camp Crestview and its sponsors reserve the right to photograph or record the events to use for marketing purposes, and has my consent to photograph or record my child. YES NO

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____