



EVENT: ASCEND CAMP

DATE: JUNE 24-28, 2020

Student Information

name: _____ male | female

d.o.b.: _____ grade: _____ school: _____

Parent Information

name(s): _____ cell: _____

address: _____

email: _____

Insurance Information

company: _____ phone: _____

policy #: _____ group #: _____

Medical History & Consent

Does your student have any allergies, disorders, or medical issues that we should be aware of? If yes, please explain below:

I, parent or legal guardian of the student listed above, release New Castle Bible Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my student while participating in Ascend Camp 2020.

I understand that in the event of medical treatment, every effort will be made to contact me. However, if I cannot be reached, I give my permission to New Castle Bible Church or an adult sponsor to secure services of a licensed physician to provide the care necessary for my child's wellbeing.

signature: _____ date: _____

payment amount: _____ payment method: _____