

# CAMP BRIARWOOD 2018 REGISTRATION FORM

For Office Use Only

To secure a spot for camp, please complete a separate card for each child and send with a non-refundable deposit of: \$50 (Day Camp) or \$100 (Overnight Camp), and mail to: Camp Briarwood, 2200 Briarwood Way, Birmingham, AL 35243

*Full registration fees will not be refunded after May 14, 2018.*

_____		_____	
Last Name	First	Name child goes by	
_____		_____	
Date of Birth	Age	Sex	Grade (Entering in Fall)
_____			
Child's Address			
_____			
_____		_____	
City	State	Zip	
_____		_____	
Father/Guardian's Name		Cell Phone #	
_____		_____	
Mother/Guardian's Name		Cell Phone #	
_____		_____	
Primary Email Address		Home Phone #	
_____		_____	
Emergency Contact Name		Phone #	
_____		_____	
Physician's Name		Phone #	
_____		_____	

CAMP SESSION (Please circle one):

**Day Camp:** 1 2

**Overnight:** A B C D

**Special Connections:** *If your child is attending as a special needs camper, please contact June Cork, Director, Special Connections at 776-5291.*

I WOULD LIKE TO ORDER THE FOLLOWING:

( ) Camp T-Shirt-\$15    ( ) Camp Group Photo-\$8  
Quantity \_\_\_\_\_    Quantity \_\_\_\_\_

T-Shirt Size (Please circle one):  
Y-S   Y-M   Y-L   A-S   A-M   A-L   A-XL

CHOICE OF ROOMMATE OR GROUPMATE:

\_\_\_\_\_

First Choice                      Second Choice

\_\_\_\_\_

Full Name of Church Now Attending

**PLEASE CONTINUE ON REVERSE**



# CONSENT & RELEASE FOR MEDICAL TREATMENT & ACTIVITIES

CAMPER NAME: \_\_\_\_\_

1. In the event that my child named on the reverse side becomes ill or is injured while under the supervision of Camp Briarwood, I authorize the Camp authorities to do the following:
  - a. Contact the parent or legal guardian of the camper and follow his or her instructions;
  - b. In the case of an emergency, when neither parent nor a guardian can be reached immediately, Camp authorities are authorized to use best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care;
  - c. By this CONSENT, I appoint the proper Camp authority as my attorney-in-fact for the purposes herein stated.
2. I give consent for my child to participate in all activities at Camp Briarwood.
3. I am attaching any special instructions, in regard to my child's allergies, medications, or specific needs, to this form.
4. In consideration of Briarwood Presbyterian Church making available Camp Briarwood and for the other benefits that I and my child receive, I do hereby release and discharge Briarwood Presbyterian Church, Camp Briarwood, its agenda and employees, from all liability of any kind or nature, claim, demand or cause of action which might be asserted. I understand that this is a RELEASE and with that knowledge, I voluntarily sign it.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PHOTOGRAPHY CONSENT

I understand that photographs taken of campers during their sessions may be used on the Camp Briarwood, Quest Recreation Outreach and Briarwood Presbyterian Church web pages and for promotions in brochures, displays, newsletters, fundraising and other items of publicity.

- ( ) I hereby give my permission to Camp Briarwood to use photographs taken of my camper.  
( ) I do not give permission to Camp Briarwood to use photographs taken of my camper.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date