

CAMP LONGRIDGE INFORMATION

What?	Non-stop fun, great memories with friends, and growing closer to God We're pretty sure this is why summer was invented!
Where	Camp Longridge is located in Ridgeway, SC (about 45 minutes from LBC).
Who?	Completed 2nd -5th graders are invited to join us for camp this summer. Maegan, our elementary director, and our summer interns will serve as chaperones. Parents are welcome to attend with their children as chaperones.
When?	Camp is July 10 - July 14. Registration begins February 1 and ends April 3 or until space is full.
How much?	The cost of camp is \$270 which includes transportation, meals at camp and a camp shirt.
Yes, please!	Registration requires this LexKids participation form and a \$100 deposit (deposits are non-refundable) by April 2. We will give you the camp's access code to complete their online registration after we have received your form and deposit. Final payments are due June 24.

LBC Children's Ministry Participation Form for Camp Longridge 2017

Full Name: _____ Current Grade: _____ Shirt Size: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Name: _____ Parent's Phone: _____

Parent's Email Address: _____

MEDICAL RELEASE INFORMATION

Student Physician's Name: _____ Physician's Phone: _____

Emergency Contact: _____ Phone: _____

Please note any significant medical or physical conditions, medications being taken, or important facts about the health of your students:

Please list any allergies your student has: _____

*****Please include a copy of your health insurance card.**

PARENT PERMISSION FOR STUDENT PARTICIPATION AND LIABILITY RELEASE

I give permission for my child to be photographed or videotaped for resulting pictures/videos to be used in reports, publicly, locally and on the LBC website. Check one: Yes ____ No ____

I, the undersigned parent/guardian of _____ do hereby give permission for my child to participate in this children's ministry functions and understand that can include transportation. In the event that emergency medical treatment is required, I hereby authorize the sponsor(s) to obtain such treatment. My signature below acknowledges that I understand that I have agreed to assume all risk and responsibility with respect to any involvement of my student in the activities of Lexington Baptist Church.

Parent/Guardian Signature: _____ Date: _____