


# Fisherman's Paradise Christian Church VBC

**Location** 10609 Brownstown Rd  
Henryville, IN 47126

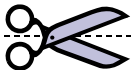
**Date** July 25<sup>th</sup> – 30<sup>th</sup>  
Camp is Sunday, July 25 - Thursday, July 29,  
Closing program for kids and parents will be  
Friday, July 30.

**Time** 6:30pm- 8:30pm

**Ages** 4 yrs. – 6<sup>th</sup> Grade

 No radio, cell phone or iPods.

**Camp Leader** Trena Boger 812-967-4567



*Cut off bottom portion of permission slip and return to Trena Boger.*

<b>Names</b>	<b>Ages</b>	<b>Special Instructions or Allergies?</b>
<b>Address</b>	<b>Insurance Info</b>	
<b>Phone</b>		

*In case of emergency, please contact:*

\_\_\_\_\_

**Name/Relationship**

\_\_\_\_\_

**Phone**

As the parent/legal guardian of **(child/children names)** \_\_\_\_\_, I am in complete understanding that my child is participating in the VBC sponsored by **Fisherman's Paradise Christian Church**. I fully understand and choose not to, and will not hold **Fisherman's Paradise Christian Church**, any of their **agents, assigns, employees, or volunteer sponsors** (hereafter all referred to as **sponsors**) liable for any accidents, injuries, or any other unforeseen harms incurred at any time while participating in VBC, except in the case of gross negligence. I authorize **Fisherman's Paradise Christian Church** and their **sponsors** to find adequate and reasonable medical treatment at my expense, if the need arises.

**This waiver serves as a medical release form, authorizing the leader permission to act on my behalf until I can be contacted.**

I understand that if my child engages in any known or unknown illegal activities at any time while participating in VBC, **Fisherman's Paradise Christian Church** and their **sponsors** will not be liable for any damages or problems he/she may cause, and will not be liable to perform any legal defense on their behalf. I also understand that if any problems do arise, my child will be sent home, at my expense, on the first available means of transportation, at the **sponsor's** discretion. The parent/guardian will be contacted in the event this action is necessary.

I understand that by signing below, as the parent/legal guardian, I agree to and will adhere to the preceding statements and grant permission for my child to participate in VBC (Signing below does not nullify your rights granted to you by local, state, and federal laws). I understand that my child will not be allowed to participate if they are not accompanied by this completed form.

✕

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**TEL # (s).**