TCJC Fellowship Summer Camp Registration Form

Camp Details

Dates: July 6 – August 28 | Time: 9:00 AM – 4:00 PM | Ages: 5–12

Camper Information

Full Name:	
Date of Birth:	
Age:	
Gender:	
Address:	
City:	
Postal Code:	

Parent/Guardian Information

Full Name:	
Phone:	
Email:	
Emergency Contact Name:	
Emergency Contact Phone:	

Select Week(s) Attending

[ ] July 6 – July 10
[ ] July 13 – July 17
[ ] July 20 – July 24
[ ] July 27 – July 31
[ ] August 3 – August 7
[ ] August 10 – August 14
[ ] August 17 – August 21
[ ] August 24 – August 28

Medical Information

Allergies:	
Medical Conditions:	

Medications:	
Special Needs / Notes:	
Doctor Name:	
Doctor Phone:	
Health Card Number:	

Authorized Pickup Persons (Other than Parent/Guardian)

Name	Relationship	Phone

Photo/Media Consent

I give permission for my child to be photographed and/or recorded during camp activities. These images/videos may be used for church promotion, social media, and publications.
[ ] Yes [ ] No

Liability Waiver & Consent

I understand that participation in camp activities involves some risk. I release TCJC Fellowship, its staff and volunteers from liability for any injury or illness that may occur. In case of emergency, I authorize staff to seek medical treatment for my child.

Payment Information

Fee: $85 per child per week
Payment: Email transfer to tcjcdonate@gmail.com

Parent/Guardian Signature

Signature:	
Printed Name:	
Date:	