



Sardis Presbyterian Church
Youth Cooking Camp

August 15-17
9:30 a.m. – 12:30 p.m.

One form per child.

Name _____ Age _____ Birthdate _____
FIRST LAST

Grade in School as of September 2017 _____

Address (with city/state/zip) _____

Email Address _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Emergency Contact _____ Cell Phone _____
(SOMEONE OTHER THAN PARENTS OR GUARDIANS)

Miscellaneous Information

Child's parents/guardian Church Member Non-Church Member

Cost

Please make checks payable to Sardis Presbyterian Church and attach to this form.

\$50 per child
(Scholarships are available. Contact Adrian Martin at adrian.martin@sardis.org.)

Medical History

Check the following areas of concern for this child.

- Does your child have allergies to:
 - food (indicate) _____
 - medications (indicate) insect bites Other _____
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 - asthma heart trouble diabetes epilepsy/seizure disorder
 - physical handicap frequently upset stomach

Continued on reverse

_____ has my permission to attend the Sardis

CHILD'S NAME

Cooking Camp sponsored by Sardis Presbyterian Church.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Sardis Presbyterian Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events and activities being organized by Sardis Presbyterian Church. I/We understand that there are inherent risks involved in any ministry event, and I/we hereby release Sardis Presbyterian Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Sardis Presbyterian Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by a health insurance provider.

Parent/Guardian Signature _____ Date _____

Photographs taken during Sardis Presbyterian activities may be used (without names) in future electronic and print media. If you would prefer NOT to have your child's photo used in this manner, please notify the church in writing.