

DAY VISIT APPLICATION

The Conquering King: Rewriting Your Story

JUNE 2, 2018



PERSONAL INFORMATION

Full Name

Address

Phone

E-mail

Age: ___ Birthday: ___/___/___ Sex: M / F

Baptized: Yes / No

Church

Pastor's signature | Date

EMERGENCY CONTACT INFORMATION

Full Name

Address

Same as above Relation

Phone

MEDICAL INFORMATION

Do you have any handicap or medical conditions?
Such as: diabetes, high blood pressure, recent surgery, organ transplant, asthma, heart problems, epilepsy, etc.
Any Allergies or reaction to medication?

Circle One: YES / NO

If yes, list:

DAY VISIT SET PRICE: \$35

I authorize (*my son/daughter) to be treated in case of a medical emergency. I understand that photography and video may occur during the event. I consent (*for my child) to such recording media and its release for promotional purposes by FJA. I have read the regulations and rules for camp. Campers with any medical conditions are responsible for bringing their medication. FJA is not responsible for any medication forgotten by the camper. I also understand that I am responsible for any consequences due to actions or conduct that may be detrimental to this event. I certify that I am at least 18 years of age or that I am the camper's parent/guardian. By signing below, I acknowledge that I have read, understand, and agree to abide by the provisions set forth by FJA.

Camper's Signature | Date (*Parent's signature if camper is 17yrs & under)

Applications can be sent to P.O. BOX 11575 Glendale CA, 91226

Church Checks or Money Orders paid to the order of FJA of SCC