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(HOMEWORLD)

CAMP FAITH 2022 REGISTRATION PACKET

Faith Community Church | 39100 10th Street West, Palmdale, CA 93551 | Phone: (661) 267-2200

WHAT IS CAMP FAITH?

Camp Faith is a five-day camp geared toward teaching the kids about God's Word. The kids will get to stay in cabins with their friends and two camp counselors. There will be all kinds of activities for the kids to do during the week including team games, swimming, music, a zip line, free-time activities, and more! This is a great opportunity for kids to build good friendships and create memorable experiences at summer camp!

AGE RANGE:

Entering 3rd Grade - Exiting 6th Grade

DATES AND TIMES:

Leaving Monday July 11 at 9am (**must check-in at 8am**)

Returning on Friday, July 15, approximately 1:00pm

COST: The cost is tentative, it will come down with fund raising events planned in the spring of this year.

\$277 (Early Bird)(Ends June 19)

\$287 (June 20 and on)

(\$25 discount for EACH friend that you invite who has never been to Camp Faith AND they attend; discount is only eligible for children who have attended in previous years; invitee cannot be a family member of the person inviting them)

Please be timely in turning in the registration form in order to guarantee a correct t-shirt size for your child.

Registration:

Please fill out the registration page in its entirety and turn it in to the children's director or the church office anytime during weekday business hours, or to the Kids' Check-In desk on a Sunday morning.

Parents:

There will be a packet of information available at least two weeks in advance of the camp date. This will be announced when they are available.

Questions?

Call Clint at the church at (661) 267-2200.

Camp Faith 2022 Registration and Permission Form

YOU MAY INCLUDE MULTIPLE CHILDREN ON THE SAME REGISTRATION FORM.

PLEASE ONLY PUT CHILDREN OF THE SAME LAST NAME, AND WHO LIVE IN THE SAME HOUSEHOLD, ON EACH FORM.

Child's Last Name: _____ First Name: _____ Age: _____

Date of Birth: (mm/dd/yyyy) ____ / ____ / ____ Grade **Finished** this Year: _____ Gender: Boy Girl

T-Shirt Size (Please Circle One)(Sizes tend to run smaller): **Child Size:** S - M - L **Adult Size:** S - M - L - XL

Allergies: _____

Roommate/Leader Request: List only ONE person. Your roommate is not guaranteed, but we try to honor as many requests as possible. Contact Clint McClure with any questions.: _____

Child's Last Name: _____ First Name: _____ Age: _____

Date of Birth: (mm/dd/yyyy) ____ / ____ / ____ Grade **Finished** this Year: _____ Gender: Boy Girl

T-Shirt Size (Please Circle One)(Sizes tend to run smaller): **Child Size:** S - M - L **Adult Size:** S - M - L - XL

Allergies: _____

Roommate/Leader Request: List only ONE person. Your roommate is not guaranteed, but we try to honor as many requests as possible. Contact Clint McClure with any questions.: _____

Child's Last Name: _____ First Name: _____ Age: _____

Date of Birth: (mm/dd/yyyy) ____ / ____ / ____ Grade **Finished** this Year: _____ Gender: Boy Girl

T-Shirt Size (Please Circle One)(Sizes tend to run smaller): **Child Size:** S - M - L **Adult Size:** S - M - L - XL

Allergies: _____

Roommate/Leader Request: List only ONE person. Your roommate is not guaranteed, but we try to honor as many requests as possible. Contact Clint McClure with any questions.: _____

Child's Last Name: _____ First Name: _____ Age: _____

Date of Birth: (mm/dd/yyyy) ____ / ____ / ____ Grade **Finished** this Year: _____ Gender: Boy Girl

T-Shirt Size (Please Circle One)(Sizes tend to run smaller): **Child Size:** S - M - L **Adult Size:** S - M - L - XL

Allergies: _____

Roommate/Leader Request: List only ONE person. Your roommate is not guaranteed, but we try to honor as many requests as possible. Contact Clint McClure with any questions.: _____

Parent/Guardian's Name(s): _____

Best Contact Phone #: _____ Secondary Contact Phone #: _____

Email: _____

Street Address: _____

City: _____

Zip: _____

WAIVER: I, the undersigned parent/guardian of the above listed minor, do hereby give full authority to Faith Community Church staff to authorize emergency medical treatment as is necessary in their judgment. I hereby release the staff from claims, which may arise from their good faith exercise of this authority. In case of an emergency, when neither my family physician or I can be reached, Faith Community Church has my permission to take my child to the emergency room of the nearest available hospital. The hospital staff has my permission to provide all the medical treatment that a physician deems necessary for the well being of my child. I do hereby release and agree to hold free and harmless Faith Community Church, its agents, officers, employees, and volunteer staff of any and all liability or responsibility in the event of personal injury sustained by my child, or damage to property of others caused by my child's participation in Faith Community Church activities conducted at their facility. I also understand that photo and or video images will be taken during Awana and that the images will not be sold and children's identity will remain anonymous and therefore give permission to Faith Community Church to use photo/video images for promotional purposes.

Parent's Signature: _____ Today's Date: _____

-----The section underneath is for the office staff only. Please do not fill it -----

Deposit: \$ _____ Date of Initial Deposit _____ (Cash / Chk #: _____ Chk #: _____)

Balance Due \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Fully Paid? Fully Paid Date _____

This form was initially filled out by office staff member (name) _____