



Bethlehem Baptist Church
4 Harrison Bridge Road * Simpsonville, SC 29681
Dr. Phillip M. Baldwin, Pastor
Phone: (864) 688-0414 or (864) 963-3527 * FAX: (864) 228-1887

Bethlehem Summer Day Camp Participation & Medical Release Form

Effective: June 05, 2017 – August 11, 2017

Description and Location of Activities:

All activities on and off the grounds of the Bethlehem Baptist Church involving the Summer Day Enrichment Camp participants.

Name of Participant: _____

Consent Agreement:

I, the undersigned, as a parent or legal guardian of the above named minor, hereby give my consent for the above named person to participate in the activities described above. I know of no physical or emotional condition which would limit the participation of this person in the activities, except as listed on the reverse side of this form.

If this person should, for any reason, require any emergency medical or surgical treatment during the activities, I authorize such physician or medical staff as you may designate to carry out the necessary treatment. I further authorize you to transport or arrange for the transport of this person to the Emergency Room of the nearest hospital and I authorize the hospital and its medical staff to perform any treatment deemed necessary by them for the well-being of this person.

It is understood, however, that if hospitalization or treatment of a serious nature is required, every effort will be made to contact me by telephone for permission.

I hereby release parental chaperones and employees of the Bethlehem Baptist Church from any and all liability for any and all injuries, illnesses, or other damages that may be incurred by the above named person, or his or her personal property, during the course of any and all activities, including transportation to or from activities.

I have read and fully understand the provisions of the above release.

Signature: _____

Parent or Legal Guardian

Date: _____

PLEASE COMPLETE THE REVERSE SIDE

