

# Spy Agency D3 *plus* The Great Outdoors-T'GO Camp

Child's Name \_\_\_\_\_ Grade Completed \_\_\_\_\_ Age \_\_\_\_\_

Any additional \_\_\_\_\_ Age \_\_\_\_\_

Children \_\_\_\_\_ Age \_\_\_\_\_

Parents' names \_\_\_\_\_ Phone Number \_\_\_\_\_

Home address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to student \_\_\_\_\_

People who may pick up the child \_\_\_\_\_

Allergies Y N List: \_\_\_\_\_

\*Medical Concerns/Special Needs: \_\_\_\_\_

Church affiliation \_\_\_\_\_ City \_\_\_\_\_

**IMPORTANT:** Understanding Lakeside VBS/Camp volunteers strive to provide a safe and enjoyable environment, I/we give permission for my/our child(ren) named in this form to participate in all Lakeside VBS/Camp activities. I/we understand there are inherent risks in games, sports, and all other activities/trips, including travel. I/we authorize the Lakeside VBS/Camp volunteers to administer epinephrine (you provide) in the case of an allergic reaction, and/or arrange a trip to the hospital via ambulance in the case of an emergency or injury. A phone call home will be made if and when this occurs. I/we also give permission to photograph/film the minor (s) designated above in any manner or form for any lawful purpose associated with this VBS/Camp program. Please sign and print your name below.

Parent's signature \_\_\_\_\_ Parent's Name (print) \_\_\_\_\_

## REGISTERING FOR:

Only *Spy Agency D3* VBS – FREE #of Children \_\_\_\_\_  
July 31 to Aug. 4, Morning only 9 am to 12 pm

Only *TGO Camp* – “The Great Outdoors” \$60 p/p # of Children \_\_\_\_\_  
July 31 to Aug. 4, Afternoon only 1 pm to 4 pm \$120 family rate

Both – July 31 to Aug. 4, FULL day 9 am to 4 pm # of Children \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

**\*ADDITIONAL INFORMATION REQUIRED FOR CHILDREN WITH MEDICAL CONCERNS / SPECIAL NEEDS**