

Camp Briarwood - Register Now! Space is limited

Please read and be familiar with Camp Briarwood guidelines at www.QuestRecreation.org

	RISING GRADES	DAYS OF WEEK	DATE	COST	Group Photo \$8	CANTEEN	TOTAL
DAY CAMP:	1st-3rd	Mon-Fri	July 5-9	\$385		N/A	
OVERNIGHT CAMP: A	4th-6th	Mon-Sat	July 19-24	\$560		\$15	
OVERNIGHT CAMP: B	7th-10th	Mon-Sat	July 26-31	\$560		\$15	

****Do not include any payment at this time.****

Payment will be received no sooner than 2 weeks prior to your session date; more specific information to come.

Last Name First Name child goes by
Date of Birth Age Sex Grade (Entering)
Child's Address
City State Zip
Father/Guardian's Name Cell Phone #
Mother/Guardian's Name Cell Phone #
Primary Email Address
Emergency Contact Name Phone #
Physician's Name Phone #
Special Connections: Under current state guidelines, we will not be able to offer Special Connections Camp for children with special needs this Summer.
Choice of Roommate or Groupmate:
First Choice Second Choice
School Attending:
Church Attending:

Transportation will be limited to 40 campers per session - Please choose one of the options below.

Day

I would like my child to ride the bus to and from camp each day.

I will transport my child to camp and pick them up from camp each day. I understand carpooling is not allowed. The parent of the camper is the only person allowed to transport the camper.

Overnight

I would like my child to ride the bus to and from camp each day.

I will transport my child to Camp Chandler on Monday morning of Camp Session. I understand carpooling is not allowed. The parent of the camper is the only person allowed to transport the camper.

Medical Treatment, Photo Consent & Release

Camper Name: _____

1. In the event that my child named above becomes ill or is injured while under the supervision of Camp Briarwood, I authorize the Camp authorities to do the following.

- A. Contact the parent of legal guardian of the camper and follow his or her instructions;
- B. In the case of an emergency, when neither parent nor guardian can be reached immediately, camp authorities are authorized to use best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care;
- C. By this CONSENT, I appoint the proper Camp authority as my attorney-in-fact for the purposes herein stated.

2. I give consent for my child to participate in all activities at Camp Briarwood.

3. I am attaching any special instructions, in regard to my child's allergies, medications, or specific needs, to this form.

4. In consideration of Briarwood Presbyterian Church making available Camp Briarwood and for the other benefits that I and my child receive, I do hereby release and discharge Briarwood Presbyterian Church, Camp Briarwood, its agenda and employees, from all liability of any kind or nature, claim, demand or cause of action which might be asserted. I understand that this is a RELEASE and with that knowledge, I voluntarily sign it.

Parent/Legal Guardian Printed Name

Signature

Date

PHOTOGRAPHY CONSENT: I understand that photographs taken of campers during their sessions may be used on the Camp Briarwood, Quest Recreation Outreach and Briarwood Presbyterian Church web pages and for promotions in brochures, displays, newsletter, fundraising and other items of publicity. (Check one)

- I hereby give my permission to Camp Briarwood to use photographs taken of my camper.
- I do not give permission to Camp Briarwood to use photographs taken of my camper.

Parent/Legal Guardian Printed Name

Signature

Date

