

PRESBYTERIAN CHURCH of MADISON



JOHNSONBURG SON THE ROAD	NAME OF CAMPER:		
	AGE at time of day camp:	T-Shirt Size:	
	GRADE completed by June 2016:		
ADDRESS:			
CITY:	STATE	::ZIP:	
PARENT(S) NAME(S):			
PRIMARY PHONE:			
SECONDARY PHONE:			
EMAIL ADDRESS:			
ALLERGIES:			
MEDICAL NEEDS:			
AUTHORIZED PERSONS	TO PICK UP MY CHILD:		
injury, damage, death or lo misconduct. I understand, organization, supervision, absolute safety. Also, I und any claim that may arise a result of participation in the	oss resulting from these risks and/or restoo, that although Johnsonburg Presinstruction and equipment for each adderstand that I share responsibility for gainst Presbyterian Camps and Confeir programs.	ograms. My camper and I accept full responsibility for any resulting from my camper's own negligence or other byterian Center has taken precautions to provide proper ctivity it is impossible for the program to guarantee r safety and I assume that responsibility. Further, I waive ferences, Inc. (Johnsonburg) and/or its employees as a	
PARENT/GUARDIAN SIG	NATURE:		
DATE:	_		
the camper named above. used to illustrate, report, p Madison. Use of any such letters, news articles, video	I further give permission and consent romote and advertise Johnsonburg P photographs, videotapes, or interviews, ads, electronic news, web sites, b Center and/or the Presbyterian Chur	s, and interviews to be taken during the camp session, of at for any such photographs, videotapes, or interviews to be resbyterian Center and/or the Presbyterian Church of ws may include, but is not limited to: brochures, posters, blogs and social media promoting or reporting on rich of Madison. Any use of such media will <u>NOT</u> include	
YES NO paragraph)	YES, WITH CHANGES (Parent/s	guardian may cross out or make additional notes to above	
PARENT/GUARDIAN SIG	NATURE:	·	
DATE:			