

DBC virtual youth camp 2020

Camper information

Church Attending with: _____

Campers Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ M/F _____ Phone: _____

Parent/Guardian Name: _____

Emergency contact:

Name: _____

Phone: _____

I give permission for my son or daughter to attend DBC virtual youth camp 2020.

Signature of parent or legal guardian

I will be Christ like in my attitude's actions and words during DBC virtual youth camp 2020. I understand that if I act in a way not honoring to God; I may be removed from camp and may not be allowed to attend. I understand this is at the sole discretion of the camp directors and adult leaders.

Signature of participate