



SUMMER CAMP 2024

ATTENDEE'S NAME | _____

CURRENT AGE | _____ GENDER | ____ M ____ F GRADE | _____

Address | _____

CONTACT INFORMATION

• MOTHERS NAME | _____ PHONE | _____

• FATHERS NAME | _____ PHONE | _____

EMERGENCY CONTACT

• NAME | _____ RELATION _____

• PHONE | _____

QUESTIONNAIRE Please answer all questions below in full. Thank you!

• Does your child have any allergies? ____ Y ____ N

• If yes, please detail.



- If your child has asthma, do they travel with an inhaler? ____ Y ____ N
 - If necessary, please provide any information regarding current medication your child is taking.
-
-

By signing below, I _____ agree to the statements below and attest that my answers to the questions above are up to date and accurate to the best of my knowledge.

I parent/ guardian of the above named attendee, consent to my child participating in the Calvary Chapel Paris 2024 youth summer camp.

I agree that my child's involvement in the youth camp and its activities is purely voluntary. I understand that I am solely liable and responsible for any loss or injury my child may experience in participation at camp.

SIGNATURE OF PARENT / GUARDIAN | _____

NAME OF PARENT / GUARDIAN | _____

TODAYS DATE | _____

Please return this form to Eric / April McLaughlin prior to camp date



CAMP DETAILS / PACKING LIST

CONTACT INFORMATION

- Eric McLaughlin (903) 401-3583 | April McLaughlin (903) 401-6834
 - In case of emergency
 - Administrative Pastor | Corbin Anderson (425) 314-6456
-

CAMP DAYS / TIMES

- Drop Off 06.24.2023 / 10am | Pickup at church 06.28.2024
-

ADDRESS FOR CAMP

- 15363 FM 849, Lindale, TX 75771
-

PACKING LIST

- | | |
|--------------------------------------|--------------|
| - Bible / Notebooks / Pens | - Bug Spray |
| - Clothing | - Flashlight |
| - (Sleep / activity / Swim / church) | - Snacks |
| - Sneakers | - Towel |
| - Sleeping bag / Pillow / Sheet | |
| - Toiletries | |