

## CAMP FEST MEDICAL RELEASE FORM

Name \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ ☐Male ☐Female Age \_\_\_\_\_ Grade \_\_\_\_\_  
Church \_\_\_\_\_ Sponsor \_\_\_\_\_  
Parent's name \_\_\_\_\_ Parent's phone \_\_\_\_\_

My child has no physical conditions that will keep him/her from participating in the full range of activities being planned. I authorize the sponsors of this rally to act for me according to their best judgment in any emergency requiring medical attention. I understand that Lake Texoma Baptist Youth Camp is not responsible for any expense incurred because of any injury or illness.

Signature of Parent or Gaurdian \_\_\_\_\_ (Required)

Please submit this form at registration on Oct 22.

LAKE TEXOMA BAPTIST YOUTH CAMP  
*a ministry of Temple Baptist Church*

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