



Lyndhurst Community of Faith Church

Student Information

Summer Evening Camp 2024

June - 2, 16, 30 and July 14, 28

Date _____

Child's Name _____ age _____

Address _____

City/State/Zip _____

Child Birth Date _____ Grade _____

Parent or Legal Guardian: _____

Best contact phone number: _____

If I can not be reached please contact: _____

email address: _____

The undersigned hereby consents to the participation of the above named child in Lyndhurst Community of Faith Church (Church) Sunday morning classes and activities. I hereby release Lyndhurst Community of Faith Church, their employees and volunteers from any and all liabilities and claims arising out of the participation of the above named child in Lyndhurst Community of Faith Church classes and activities. In the event of sudden illness or accident when I/we can not be reached, I/we authorize Church employee or volunteers to contact 911 emergency services and/or transport my child to an appropriate medical facility. I/we also consent to the performance of such treatment and /or emergency procedures as deemed necessary or advisable by the hospital staff member in charge of the emergency room.

Signature of Parent or Guardian

Date

Child Safety and Care Information

Please complete the information below for your child.

Child: _____

Does your child have any medical condition(s) or special needs we should be aware of? (food, animal or bee allergies, behavior issues, special medications, epi pen, etc.) If so, please explain.

Child Class Pick -Up Information

I give the permission for the following adults to pick up my child from Evening Summer Camp:

Child Photo and Video Release Permission

I hereby give permission for images of my child captured at Lyndhurst Community of Faith Church (Church). Including, but not limited to worship, classes, special events, holiday activities and youth outings. Video, photo and digital camera images to be used solely for the purposes of Church promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Child _____

Age: _____

Signature of Parent or Guardian

Date