

# Fall Camp

*The best way to enjoy your autumn.*



**DON'T MISS THE PAINTBALL, ZIPLINE, GREAT WORSHIP, TALENT SHOW (STARRING YOU), TEAM COMPETITIONS, TIME WITH GOD, LEADER QUEST, AND AMAZING FOOD.**

**WE LEAVE AT 3:30PM ON FRIDAY, OCTOBER 29**

**BRING YOUR FRIENDS!**

**COST: \$99 (REGISTER BY OCT 1 FOR EARLY BIRD SPECIAL OF \$79)**

**VISIT VILLAGEBIBLE.ORG TO REGISTER OR DOWNLOAD REGISTRATION FORM**

## VILLAGE BIBLE CHURCH | 2010 FALL CAMP PERMISSION SLIP

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Friend you came with \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Name of Subscriber \_\_\_\_\_

I give permission for my child to join the Village Bible Church Student Ministry on a trip to Saugatuck, Michigan, Oct. 29-31, 2010.

I understand the group will be traveling by adult drivers and vehicle or a chartered bus.

I hereby release Village Bible Church, its staff and sponsors from responsibility and liability for any injury or illness that my child, \_\_\_\_\_, may sustain during this activity.

In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an X-ray examination, medical, dental or surgical diagnosis, treatment or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state of Illinois either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number during the event: \_\_\_\_\_