



Child Evangelism Fellowship of Southern California
 South Santa Barbara County Chapter
Adventure 5-Day Club



PLEASE PRINT LEGIBLY

Child's name: _____ Birth date: _____ Gender: _____

Parent/Guardian name(s): _____

Parent/Guardian mobile phone: _____ home phone: _____

Mailing address: _____

e-mail address: _____

Church your family attends (if any): _____

In case of emergency (when the parent/guardian cannot be reached) we should contact:

Name: _____

Relationship to child: _____ Telephone: _____

Please list any allergies (including peanut, dairy, grass, bee stings, etc.), medical or other special conditions we should be aware of: _____

Will your child be carrying an epi-pen? Yes No OR will you be giving one to us? Yes No

The person responsible for picking up this child at the end of each camp day is:

Mon ___ Name: _____ Telephone: _____

Tue ___ Name: _____ Telephone: _____

Wed ___ Name: _____ Telephone: _____

Thu ___ Name: _____ Telephone: _____

Fri ___ Name: _____ Telephone: _____

Check here if your child will be walking home from the 5-Day Club.

_____ (child's name) has my permission to attend Adventure 5-Day Club.

 Signature of Parent/Guardian

 Date

In order to secure a place at the Adventure 5-Day Club, please return this form and the Consent and Release from Liability form by: **Thursday, May 25, 2017**