

SIX12 Permission Form



Name: _____ Age: _____ Gender: M / F

Address: _____

Contact Phone #: (____) _____ Email: _____

Church: _____ School: _____

In case of medical emergency or basic first aid care, I give consent for medical treatment for my child named above by authorized personnel. I understand Bethany Camp will notify me at its earliest convenience. I understand that Bethany Camp does not offer secondary health insurance. I certify the above child has my permission to attend Bethany Camp. I also realize that my camper's picture or testimony may be used in the promotion of the camp. My child may receive e-mails from Bethany Camp.

Signature: _____ Date: _____

Signature of Parent or guardian (if under 18): _____

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