



# Bible Camp 2019

## The Miracles of Jesus



**Deadline for registration is June 11!**

Monday, June 17 - Thursday, June 20  
6:00-8:00 p.m.

Lititz Moravian Church  
Church Square, Lititz PA 17543

To volunteer, please contact Pastor Mark at 717-626-8515.

Children ages 3 - 12 years; Children 3 & under must be accompanied by an adult.

→ Fill out both sides of this registration form and return to the church by June 11.

### Bible Camp 2019 Registration Form

	Child 1	Child 2	Child 3
Name			
Age			
Grade Completed			
Please list any medical concerns (allergies, diagnosed diseases such as diabetes) or current treatments			
Address			
Phone #			
Home Church			
E-mail			
Emergency Contact Name and Phone #			
Physician's Name and Phone #			
Insurance Plan and Insurance Plan #			

Upon request, an additional medical form is available to provide more information.

## Liability Form

1. In an effort to provide meaningful and enjoyable activities for our youth, the Lititz Moravian Congregation plans and implements various activities, which carry some degree of inherent risk. While we take responsible measures to limit the exposure to unnecessary risk, to completely eliminate risk is unrealistic and would detract from the experience.

I hereby agree not to sue and to release, Lititz Moravian Congregation, The Moravian Church in North America, its employees and volunteers from any and all liability related to property loss, injury, or death regardless of any negligence on the part of the above named parties. I further agree to indemnify and defend Lititz Moravian Congregation, from any claim for liability related to injury as a result of my child's involvement in this program.

I agree that all disputes arising under this contract shall be litigated in the Court of Common Pleas of Lancaster County, Pennsylvania. Further, the applicable laws of the state of Pennsylvania govern this agreement. If any part of this agreement is determined to be unenforceable, all other parts shall remain in effect.

Parent/Guardian initial acceptance \_\_\_\_\_

## Audio/Video Release

2. I agree, both for myself and for my minor children, if any, that still photographs, videos, and or audio recordings of myself and/or my minor children may be used by the Moravian Congregation of Lititz for any legitimate purpose of the Church, including publication of promotional materials. I understand and agree that there will be no compensation for the use of these materials and no further consent to the use of this material shall be required. I do for myself and my minor children, hereby release the Moravian Congregation of Lititz, its directors, officers, employees and agents from all costs, claims, demands and liability arising by reason of or related to, the use or publication of such photographs, video and/or audio recordings

Parent/Guardian initial acceptance \_\_\_\_\_

## Medical Treatment

3. I hereby give records necessary for insurance purpose and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a representative of The Moravian Congregation of Lititz, PA (d/b/a Lititz Moravian Congregation) to secure and administer treatment, including hospitalization for the persons named above.

Parent/Guardian initial acceptance \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Upon request, an additional medical form is available to provide more information.