



I give my permission for my child(ren), _____

to participate in the Hydrate Summer Camp at Lake Yale on Tuesday, June 26 – Saturday, June 30, 2018.

The cost is \$300 with a \$100 deposit due at registration with this form.

Final payment is due Wednesday, May 30, 2018.

Current Trinity Baptist Church medical form is required.

Parent/Legal Guardian signature: _____ Date: _____

Cell #: _____ Home #: _____

Emergency Contact:

Name: _____ Cell #: _____

