

Ono Church Day Camp

Thursday, August 8th 9 a.m.-2 p.m.

Child's Name: _____

Age: _____ Grade Completed in June 2019: _____

Allergies: _____

Is there anything else of which we need to be aware (such as medical, behavioral, or other special needs)?

Parents' names: _____

Address: _____

Home phone: _____ Cell: _____

Email: _____

Home church: _____

Please indicate if you give permission for your child's photo to be used in church publications, including on the internet. Children will not be identified by name. Yes No

Permission to Attend: By doing so, you release and agree to hold harmless Ono Church and the children's ministry team from any and all liability, claims, or demands for personal injury, as well as damage, and expenses of any nature that may be incurred by the parent/guardian and child-participant that occur while the child is participating in children's ministry activities. Yes No

Parent signature: _____

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