



BREAKAWAY 2025

SUMMER CAMP REGISTRATION

(One form per child, please)

*Student First Name: _____

*Student Last Name: _____

*Student Age: _____ *Student Grade (2025-2026 School Year): _____

Nickname: _____

Allergies: _____

Medical Issues or Special Needs: _____

*Parent Name (first and last): _____

*Address: _____

*City: _____

*State: _____

*Zip: _____

*Email: _____

*Home Phone Number: _____

Cell Phone Number: _____

Other Phone Number: _____

Emergency Contact (first and last name): _____

Emergency Phone: _____

General Information: _____

Medical Release: I give my permission for Bayside staff/volunteers to administer basic first aid to my child (named above) in the event of an injury. I understand that the Bayside staff/volunteers will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant Bayside Church of Woodland permission to copyright and use photographs and/or videos taken at camp of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy that may be used in conjunction therewith, or the use to which it may be applied.

Parent Signature

Date