Redeemer Kids' Camp 2024

Thank you for registering your child for Redeemer Kids' Camp. We look forward to seeing you at Kids' camp. Please print the parent consent and medical release form below for each child that is attending the camp. Please email the signed form to jmckelpin@gmail.com or bring the signed form to morning drop off on first day of camp. For more information about the camp, you may contact Janet (415) 312-2670 or Juliette (415) 845-5286.

Camp Details:

June 10 - 14, 2024 (Monday - Friday) 9:00 am – 12:00 pm Redeemer Community Church 1224 Fairfax Ave. San Francisco, CA 94124



Parent Consent and Medical Release

Parent/legal guardian name:

Signature _____

I give my child,	permission to participate in
Redeemer Kids' Camp, June 10-14,	2024. As parent/guardian, I remain legally
responsible for any personal actions	taken by the above named child. In the
event of an emergency, I hereby giv	e consent to Redeemer Community
Church and its employees, voluntee	rs or members, to procure medical,
hospital, or dental care for my child.	I agree to hold harmless Redeemer
Community Church, its employees, of	officers, directors, and volunteers
associated with the Redeemer's Kids	Camp, from any claim arising from or in
connection with my child attending t	the event or in connection with any illness
or injury or cost of medical treatmen	t in connection therewith. In the event of
an emergency, I hereby give permiss	sion to transport my child to a hospital for
emergency medical or surgical treatr	ment. I will be advised prior to any
non-emergency treatment by the ho	spital or doctor.

Date_