

KHBC Permission Sheet Application

KHBC Permission Slip & Release from Liability

Camper Name: _____

PO Box: _____ Village: _____

Phone #: _____

Email Address: _____

Birthday: ____/____/____

Grade Next Fall : _____

We have trained medical personnel on hand to deal with emergency situations. If your child has special needs or is taking medication, please complete the following, telling us about his/her needs.

Allergies or medications: _____

I hereby authorize the adult leaders of Kokrine Hills Bible Camp to obtain medical services for my child, should that be necessary. I hereby release Kokrine Hills Bible Camp and its staff of any liability for accidents that may occur at camp or during travel to and from camp.

I also agree that by signing below I am giving permission for my child's belongings to be searched for articles or substances that could be illegal or dangerous to him/her or other persons at camp.

Photos: KHBC takes occasional video and photos for use in promotions, brochures and on our webpage. If you have any concerns about having photos taken of your child/children, please contact us. Thank you.

Signature of Parent or Guardian _____ Date _____

We strongly discourage bringing iPods and other such devices.. KHBC is not responsible for lost, stolen or damaged devices. At registration these items will be stored in a safe place then returned to you the last day of your stay.

Make money order or check
\$ 125.00 payable to:

Kokrine Hills Bible Camp
PO Box 68
Galena, AK 99741

Questions? Call Roger or Carole at: (907) 656-2226
Email: kokrinehills@gmail.com

You'll need to bring...

Bible	Life Jacket
Extra Clothes	Towel
Sleeping bag	Swimming clothes
Toothbrush	Bug Dope
	Spending \$ for store