

## Wild Camp at Grace Farm Registration

Camper's name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions:

List any Medications:

We understand that Wild Camp involves strenuous activities such as hiking and canoeing in a primitive setting. We accept the inherent risks including injury and death. My child has my permission to participate in Wild Camp.

Signature of Parent Guardian:

\_\_\_\_\_

Date \_\_\_\_\_

**Mail this form with proper payment to:**

*Focus Ministries, Inc.*

*PO Box 498*

*Danielsville GA, 30633*

Wild Camp – \$94. Space is limited, so hurry!