

June 24-26, 2026 (Tues-Thurs) 9am - Noon For rising 1st graders through 6th grade Cost: \$30

Name of Child:	Age:	Last Grade Completed:
Name of adult responsible:	Phone Number:	
Email Address:	Alternate Number:	
Mailing Address:		
Emergency contact:	Phone Number:	
What is the emergency contact person's relationship to the child?		

Allergies or other things we should know:

T-Shirt Size: General Interests:	
Name of person responsible for pick-up:	
Cell number:	_Work/Home Number:

Please wear clothes that you do not mind getting stained!

The cost for GBC Art Camp is \$30. This is includes all supplies and a daily snack time. Return the fee along with this form, the medical realease, and the image release form (attached) to the church to register. Space is limited so register early.

Signature	of Parent/Guardian:
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Date: _____







PO Box 631 • Mountain City, GA 30562 • (706)-746-5823 • www.MyGraceBibleChurch.org

IMAGE RELEASE CONSENT FORM

During various events at GBC, we take photographs and videos of children in action as they participate in events, outings, and other church sponsored events. We would like you to indicate below what uses of images of your child you are willing to consent to. This is completely up to you. We will only use the photographs in ways that you agree to. In any uses of these images, names and other personal information with <u>NOT b</u>e identified unless first discussed with parents.

- - Images of my child(ren) may be used as part of pamphlets, brochures, and other informational materials.
- Images of my child(ren) may be used for newspaper publications for announcements of events or other activities.
- Images of my child(ren) may be used at meetings, lectures, and workshops designed to educate leaders and congregations about GBC's Children's Ministry.
- Images of my child(ren) may be used on the Grace Bible Church website and Facebook page.
- Please **do not** use ANY images of my child(ren) in ANY way.

I have read the above description and give my consent for the use of the images as indicated above.

Parent/Guardian Signature:	Date:
Parent/Guardian Name (please print):	
Child(ren)'s name(s) (please print):	

ZF Revised 5/23/2018

Activity Permission and Medical Release Form 2025

Sponsor: Grace Bible Chu	rch		
Name of Minor:			
Age:			
Address:			
Name of Parent or Guardia	า:		
Email:			
Address:			
Home phone:	Cell phone:		
Emergency contacts other th	nan the parents or gu	ardian:	
1. Name		Work #	Home #
2. Name	Work#	Home#	

Permission and Release: I give permission for my child to participate in Grace Bible Church Activities. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled be mediation and, if necessary, legally binding arbitration.

Medical Release: In the event that my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Family Physician	Work phone
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Home	

Medical insurance company	

Pertinent medical information (diabetes, allergies, etc.) :

Signature _____

