



Presents:

“Share” Jr. Drama Camp Sharing the Love of Jesus through Drama

Our Purpose:

- To teach Youth about Jesus
- To show Youth how to share God’s love
- To provide Youth with the opportunity to share their faith through drama.

Drama Camp is back! We will still be outdoors at Stillwater, 1200 Cornwallis Rd., Garner and we will use the various outdoor picnic pavilions, stage, tent canopies and so forth. Our performance will be Friday evening at 7:30pm on our outdoor covered stage. In case of nasty weather, we will use Servants for Christ, 11007 Cleveland Rd, Garner, NC 27529.

Held at:

Stillwater Ministry, 1200 Cornwallis Rd., Garner, NC 27529

Dates: July 11th-15th - from 9am-4pm.

Performance July 15th @ 7:30pm

Ages-7-14

Suggested Donation: \$50

What to Bring:

Snacks & Lunch

Drink or a refillable water bottle

Bible

Pen or Pencil

Bug spray and if they have any allergies to any insects please bring whatever you normally use to treat in case of a bite sting or so forth. Though we are going to be practicing in shaded areas those who burn easy should bring sunblock.

This year’s musical is based on the story of Jehoshaphat’s prayerful and “praiseful” response to attacking armies, Fat, Fat Jehoshaphat teaches kids the importance of prayer when faced with any problem. 2 Chronicles 19 & 20 introduces this good king who turned his people back to the Lord, then kept them in the faith when disaster loomed. Whatever problems your children face, this musical trains them to respond with prayer and praise!



PARTICIPANT FORM

Please Print Legibly
Participant Information

Name (Last) (First) Date of Birth Age Sex Grade completed

Home Address City State Zip
Phone Email address T-shirt size:

Your Church Address City State Zip

In Case of Emergency Contact:

Name Cell # Day # Night #

Medical Profile

Generally, my health is: (Check one) Excellent Good Fair Poor

If Fair or Poor, please explain your condition:

List any medical difficulties for which you are CURRENTLY being treated:

List any medication you are CURRENTLY taking:

List any medicines or substances to which you are ALLERGIC:

Family Physician:

Physician's Address:

Date of Tetanus Immunization

Insurance Company: Policy or Group #:

(Attach copy of insurance card)

Address (City, State, ZIP):

Subscriber Name: Subscriber Number:

Place of Employment: Subscriber Occupation: Work Phone:

Authorization for Treatment/Release of All Claims

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by Stillwater Ministry Director and the physician or hospital staff during the dates of to. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees and agents of Stillwater Ministry, Inc. from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. I hereby give Stillwater the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Stillwater event.

--- Please complete and sign below (students under 18 years of age requires parent/custodial signature)

Participant's signature: Date:
Custodial Parent Signature: Phone: Date:

Notary Public (FOR PARTICIPANTS 17 YEARS OF AGE AND YOUNGER)

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (/ /).

Notary Public My commission expires / / .

Please Mail Completed Application & Payment To:
Stillwater Ministry, 1200 Cornwallis Rd., Garner, NC 27529