

# HOLY MOSES!



“Share” Jr. Drama Camp  
Sharing the Love of Jesus  
through Drama  
Held at Benson Grove Baptist Church

## 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 in both a public performance and a mission performance at a local Senior Citizen’s Community Center

## Held at:

Benson Grove Baptist Church, 6966 Hwy 50N, Benson, NC

For GPS directions, please use Angier as the city

Dates: June 24<sup>th</sup>-28<sup>th</sup> - from 9am-4pm.

Performance: June 24<sup>th</sup> @ 7:30pm

Ages-7-14

Suggested Donation (not required): \$30 to cover cost of lunch & T-shirt

## What to Bring:

Lunch is Provided!!

Bible

Pen or Pencil

Join the cast of "Trading Places" at a Hebrew home and an Egyptian palace where Page Turner, Hildi Vine, Frank Incense and Ty Kwando assist kids in discovering the story of Moses. But there's no redesigning history in this musical as kids learn about the plagues, the Passover, the Exodus and the Ten Commandments. As in his own life, the emphasis of this musical isn't on Moses, but the God of Moses — the Great I AM!

# 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 \_\_\_\_\_ Any Food Allergies \_\_\_\_\_

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 Benson Grove Drama 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 Benson Grove Baptist Church, 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 Benson Grove Baptist Church 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 Benson Grove Baptist Church 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:

Benson Grove Baptist Church

Attention Tim Boone

6966 Hwy 50 N

Benson, NC 27504