

God alone can say to me...



“Share” Drama Camp
Sharing the Love of Jesus through Drama
Open to all Teens
Held at Benson Grove Baptist Church

Our Purpose:

- To share the Gospel
- To teach drama skills that will aid students in future public speaking endeavors
- To provide opportunities to share Jesus’ love and what was learned in both a public performance and a mission performance at a local Senior Citizen’s Community Center

Held at:

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

For GPS directions, please use Angier as the city

Dates: July 8th-12th from 9am-4pm.

Performance: June 24th @ 7:30pm

Ages-All Teens

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

What to Bring:

Lunch is Provided!!

Bible

Pen or Pencil

LOVE, INTRIGUE, & IRONY are all found in the Old Testament story of Esther. Teens will learn that only God can say, “Bow Down!”

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