



Presents:

## “Share” Drama Camp

### Sharing the Love of Jesus through Drama

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 50N  
Benson, NC 27529

This year our teens will be learning how God is with us no matter what happens in our lives. We will also be doing some more skits with black light!

Dates: June 26-June 30

Schedule:

Monday – Thursday 5pm-9pm  
Friday-Performances at area Nursing Homes-Times TBA  
Family & Friends Performance-Friday, 7:30pm

Ages: All Teens are welcome!

Suggested Donation: \$65

Dress Guidelines:

Knee Length Shorts or Capri’s. Please, no tank tops!

What to Bring:

Box (sack) Lunch-drinks will be provided

Bible

Pen or Pencil



PARTICIPANT FORM

Please Print Legibly
Participant Information

Teen Camp

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 signatures) ---

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