



Presents:

“Share” 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.

Dates: July 10-14 from 9am-5pm. We will dismiss around 2pm on Friday to prepare for our performance.

Space is limited to 30 children, please have all paperwork turned in by June 15 to reserve your spot!

Performance will be Friday, July 15th @ 7:30pm

Ages:8-14

Suggested Donation: \$65

Dress Guidelines:

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

What to Bring:

Box (sack) Lunch & Drink

Bible

Pen or Pencil

Go, Go Jonah! Through the experiences of Jonah, everyone will learn the importance of obeying God and the consequences of failing to do so. The musical also teaches that God is always there and that we are to love one another as He loves us.



PARTICIPANT FORM

*Please Print Legibly
Participant Information*

Youth 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 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