

# Activity & Medical Release

**FAITH Missions Camp**

**June 28 – July 2, 2026**

**Participant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Address (If different from above):** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Employed by:** \_\_\_\_\_

**Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_**

**May photographs taken of this participant be used for promotional purposes? \_\_\_\_\_ yes \_\_\_\_\_ no**

**For Office Use Only**



**Parent / Guardian's Signature:** \_\_\_\_\_