

# SPLASH BARTOW 2008

## Area-wide Mission Experience Application

Mail to: Splash Bartow  
PO Box 278  
Cartersville, GA 30120

### Please Print

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Email \_\_\_\_\_ Gender  Male  Female  
Church \_\_\_\_\_  
School You Will Attend this Fall \_\_\_\_\_

### Medical Information (Please attach a copy of front and back of parent's insurance card)

Note: You must also complete and submit a release form.

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

General Medical Information:

\_\_\_\_\_  
\_\_\_\_\_

Allergy Information:

\_\_\_\_\_

### Additional Information:

Date of Birth (MM/DD/YY): \_\_\_\_\_

Youth Pastor: \_\_\_\_\_

### Please rank the following projects in order of preference (1st, 2nd, 3rd)

\_\_\_\_ Construction  
\_\_\_\_ Day Camps  
\_\_\_\_ Relational Evangelism

T- Shirt: (Youth) YS YM YL.....(Adult) AS AM AL AXL 2XL 3XL 4XL

### SPLASH BARTOW COST:

\$30 (includes meals, tshirt, transportation, worship leader & speaker)

Please make checks payable to SPLASH BARTOW

I hereby give my child permission to attend and participate in SPLASH BARTOW. I hereby waive, release and discharge any and all claims, demands and causes of actions against camp officials, the Bartow Baptist Association, and Tabernacle Baptist Church, their agents, employees and participants arising from any damage, property loss or injury my child sustains at SPLASH BARTOW. I further consent to allow camp officials to seek and obtain emergency medical or surgical treatment for my child should my child need medical treatment.

\_\_\_\_\_  
Parent/Guardian's Signature Required

\_\_\_\_\_  
Date of Signature