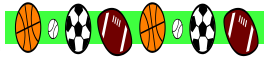


KIDS WHO CARE SUMMER CAMP 2016



What: Supervised and organized fun, games, enrichment activities and much more!!!

Who: Children ages 6-13 residing in Rockford and Goodwater

When: June 20, 2016 – July 15, 2016 Weekdays 9:00 am – 2:00pm

Where: Please circle the location site below where your child will attend summer camp

**COOSA CENTRAL HIGH SCHOOL
243 COOSA COUNTY RD. 75
ROCKFORD, AL. 35136**

***** Admission is FREE!!!! Admission is FREE!!!! Admission is FREE!!!!*****

Registration Information

Child's Name _____ Age/ Birth date: _____

Parent/ Guardian: _____ Phone: _____

Address: _____

Emergency Contact Name & Number: _____

Allergies/Health Issues: _____

Name of siblings/relatives also attending camp: _____

*One application per child is required. Registration deadline is **May 18, 2016**. Applications should be returned to the designated location where your child will attend camp or to the Aletheia House 1211 Main Avenue N. Sylacauga, AL. 35150; **Contact Person: Richard Bonds-County Team Leader(256) 487-6484***

I give my child permission to attend/participate in summer camp at the _____ site. I understand that it is my responsibility to notify site supervisors if my child has medical condition (i.e. suffers from any allergies) or is on any medications. I give Aletheia House, Coosa Central High School and their employees and/or agents' permission to transport my child/children off-site for field trips. I release Aletheia House, Coosa Central High School of any liability in case of an accident, injury, or theft of any property.

Further, I grant Aletheia House, Coosa Central High School and their employees and/or agents the right to photograph my dependent child and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or for use on the Aletheia House or a church website.

I have read and fully understand the attached rules and regulations of camp and have explained them to my child.

Parent/Guardian Authorization

Date