

Parent Authorization

In consideration of my child being permitted to participate in the Freedomgate Bible Camp, I, the undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in such activity, do hereby agree to assume all risks and responsibilities surrounding and pertaining to my child's participation in the activity, and further, I do for myself and my child's personal representative(s), heirs, and assigns, hereby agree to defend, hold harmless, indemnify, release and forever discharge Sheepgate Christian Fellowship, Freedomgate Bible Camp, Camp Freedomgate and all its pastors, deacons, elders, staff, and members from and against any and all claims, demands and actions or causes of actions, on account of damage to personal property, personal injury, or death which may result from my child's participation in said activity which results from causes beyond the control of and without the fault or negligence of Sheepgate Christian Fellowship, Freedomgate Bible Camp, Camp Freedomgate and all its pastors, deacons, elders, staff, and members during the period of my child's participation in the activity.

I agree that my child may participate in all camp activities as well as being transported to and from such activities by Sheepgate Christian Fellowship, FBC, CF personnel..

I understand that as a participant, my child may be photographed or videotaped during normal activities and the photos/videos may be used in promotional materials. I hereby release all claims of copyright for the use of my child's likeness in promotional materials and further waive all rights to inspect such materials. I understand that my family and my child's contact information may be shared with Sheepgate Christian Fellowship, FBC, CF.

Signature of Parent/Guardian Date

Info

If your child will be attending this year's camp please contact the following person or have registration forms in no later than

May 31, 2025

We will need your information by this time, so that we have an estimated headcount for food supplies and t-shirt order

Contact: Aaron and Amanda Hinshaw
Phone: 256-508-5470

Email: freedomgatecamp@yahoo.com

Camp Fee: \$35.00 per camper

Checks payable to: Freedomgate Bible Camp

Camp fees and registration forms must be mailed in prior to registration day to the following address:

**Sheepgate Christian Fellowship
4371 Alabama Hwy 65
Paint Rock, AL 35764**

Registration Time:

**June 6th @ 9:00 am Ages 6-9
June 13th @ 9:00 am Ages 10-12**

Final Assembly:

**Sunday, June 8th @ 11:00 AM
Sunday, June 15 @ 11:00 AM**



Freedomgate Bible Camp 2025

**June 6th-8th Ages 6-9
June 13th-15th Ages 10-12**

**IMPORTANT!!!
Campers/Staff will need to bring
sleeping bag or linens. We will not
provide bed linens.**



www.campfreedomgate.com
www.sheepgatecf.com

Medical Information

Chronic or recurring illnesses or medical conditions (such as diabetes, heart defects, bleeding disorders, etc...)

Any allergies (food, drugs, animals, insects, etc...)

Current Medications:

If you bring any medications of any kind, please give specific instructions with them. The medications will be given to the camp nurse upon arrival and will be administered by her during the camp. Please pick up medications from Nurse upon checking out of camp.

I give my permission to the camp nurse to administer to the camper the following over-the-counter drugs, if need be:

(Initial) Tylenol ___ Benadryl ___

Medical Release

I understand, in the event that my child requires emergency medical and/or dental treatment while engaged in activities with Freedomgate Bible Camp, reasonable efforts will be made to contact a parent/guardian; however, if a parent/guardian cannot be reached, I hereby consent and give permission to the directors and/or designee acting on behalf of Freedomgate Bible Camp as agent for me to consent to any medical treatment needed that is advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the law of the state where services are rendered, either as an outpatient or in a hospital.

To the best of my knowledge, I have listed all my child's medical conditions, allergies, and current medications being taken, and other pertinent information.

If there are any changes, I will notify Freedomgate Bible Camp immediately.

Parent/Guardian Signature Date

Registration

Child's Name: _____

Address: _____

Birthday: _____

Age: _____ T-shirt Size _____

Male: _____ Female: _____

Swimming Ability:

None _____ Avg. _____ Good _____

Parent/Guardian Name: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Emergency Contact Information

Contact Name: _____

Contact Address: _____

Contact Phone #: _____

Items to Bring

Sleeping Bag, Appropriate clothing, swimsuit (girls must bring one piece), Bible, paper, pen, pillow, towels, washcloths, toiletries, shampoo, soap, toothbrush, toothpaste, insect repellent, sunscreen, comfortable walking shoes, (no open-toes shoes), flashlight.

DO NOT BRING

Magazines/books, weapons of any kind, alcohol, drugs, tobacco, gag/prank material, electronics: cell phones, ipods, video games, etc.