

## 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

**June 30th, 2026**

Registration will end on this day OR sooner if the camp fills up.

**Contact:** Mandi Adkins  
Phone: 256-599-8329

**Email:** [freedomgatecamp@yahoo.com](mailto:freedomgatecamp@yahoo.com)

**Camp Fee:** \$45.00 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:

Thursday, July 09th 5-6 PM  
Thursday, July 16th 5-6 PM

### Final Assembly:

Sunday, July 12th @11:00 AM  
Sunday, July 19th @11:00 AM

**Pickup Sunday @ 1:30 PM**



# Pursue Teen Camp 2026

July 09-12 ages 13-15  
July 16-19 ages 16-19

### **IMPORTANT!!!**

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



[www.campfreedomgate.com](http://www.campfreedomgate.com)

[www.sheepgatecf.com](http://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:

## 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.

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 \_\_\_\_\_