

Your Obedient Servants Mission Camp

Serving Jesus in the Land of Lincoln

2022

Junior High and High School Summer Mission Camps

United Methodist Church of Petersburg, IL

Pastor Rick Pierce 618-363-8369

Questions? More info on Web site: petersburgchurch.com under Ministries

Please call Joe at 217-899-2744 or 217-502-2365 e-mail: JSMHP5@casscomm.com

Facebook page: Your Obedient Servants Mission Camp

MALE FEMALE
 Camper Adult Leader

Camp Sessions (check one) July 10-14 (finished 6th or 7th grades) OR July 17-21 (finished 8-12)

Participant Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____

Participant Parent or Guardian Names _____

Phone Numbers: Home _____ Work _____ Cell _____

E-mail address _____

Insurance Information: Name of Insurance Company _____

Phone Number _____ Allergies _____

Liability Release Form:

I, the undersigned that there are inherent risks involved in a mission camp, and I hereby release Your Obedient Servants Ministries, its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my child's involvement.

Medical Release Form:

I, the undersigned am the parent or legal guardian of the above named participant, and give my consent for him/her to attend the mission camp. In the event that he/she is injured while in attendance and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In case treatment is called for, which a physician refuses to administer without my consent, I hereby authorize a member of Your Obedient Servants Ministries staff to give such consent for me if I cannot be reached by telephone at one of my above listed numbers. I also acknowledge that I will be responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. I affirm that the health insurance information provided on this form is accurate and will be in force at the time of the camp.

Parent Signature _____

Mail application to: Susie Pokorny 5 Andraesen Drive Petersburg, IL 62675

\$100 Please make checks to YOSM