

LP35 SUMMER CAMP

CONSENT FORM

Name Of Participant:

Date Of Birth:

Address:

Gender :

- ☐ Male
☐ Female

Parent / Guardian's Name:

Phone Number(s):

Email:

Any Medical Information

Emergency Contact

Name:

Phone Number(s):

I, _____ grant permission for my child _____
to participate in the RCCG LP35 Christ Church Teens Summer Camp 2024.

Parent / Guardian

Name Of Parish



DA_RECRUITZ
Lagos Province 35 Teens