

Briarwood Christian School



Summer Camp Registration

Camp Name _____ Session Date & Time _____

Student's Name _____ Age _____ Rising Grade _____

Address _____

Parent/Guardian _____

Daytime Phone _____ Cell Phone/Emergency contact _____

Parent's Email Address _____

T-shirt Size _____ *(If applicable. Not all camps include a camp T-shirt.)*

Amount Enclosed \$ _____ ***(Please make checks payable To: person/group listed in brochure information; For: Name of Camp.)***

Mail Registration with payment to: Briarwood Christian School
c/o Camp or Coach's Name
6255 Cahaba Valley Road
Birmingham, AL 35242

****Briarwood summer camps assume no liability and provide no insurance. The insurance for each camper is the responsibility of each family.*

Parent's Signature _____