



Information Sheet

Thank you for considering your child(ren) for our Camp Scholarship Program. Below are a few pieces of information that we need from the parent(s) and/or guardian so that we may provide the funding necessary for **EACH** child to attend camp. This information will not be shared with anyone outside of Liberty Ministries and will remain confidential. We need one for **EACH** child you are signing up.

Please provide an image of your driver's license or state ID for identification verification. Without this information, the scholarship will not be approved.

Which parent was incarcerated (Commitment Name)? First Name: _____ Last Name: _____

Birth Year of the Parent incarcerated? _____

Year of incarceration: _____ (this is for verification purposes, no need to list multiple years)

Which prison facility did the incarceration occur? _____

Child's Information:

First Name: _____

Last Name: _____

Birth Date: _____

Gender (circle): Male or Female

Contact Information:

Guardian's Name: _____

Address: _____

Phone Number: _____

Email: _____



Camp Sankanac

Thank you for taking the time to fill out this information sheet. **Return this sheet** to Liberty Ministries for our records, along with the release form on page 2.

By signing this form, I am stating that the information above is true and I understand that if this information cannot be verified, Liberty Ministries reserves the right to deny the scholarship for your child(ren).

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Please complete the registration process by completing the **online** registration via the camp. www.campsankanac.org Logout when you get to the payment screen; the scholarship will take care of

that. Once completed, they will send information about what to bring to camp as well as instructions about how to check in on the drop off date.

Please contact **Patty Fleming** with any questions regarding the Camp Scholarship Program at (610) 287-5481, ext. 22 or pattyf@libertyministries.us. All camp related questions should be directed to Camp Sankanac at (610) 469-6320.



RELEASE

I am the parent or legal guardian of _____ (the "Participant"), and I have applied with Liberty Ministries to receive a scholarship that will pay for the Participant's registration at a summer camp. I understand that summer camping experiences have some degree of risk of injury and/or loss. I understand that Liberty Ministries does not operate the summer camp. On behalf of myself and the Participant, I release Liberty Ministries from any claim, liability, or demand that might arise because of injury and/or loss to person or property because of the Participant's experience at the summer camp, and I agree to indemnify and hold Liberty Ministries harmless from any claim.

Date: _____

Legal Guardian/Parent signature