

Arrow Heights Baptist Church

Summer Day Camp Registration Form

2009

T Shirt Size (circle one) SM MED LG XL

Child:

Full Name _____ Home Phone # _____
Last First Middle

Name Child goes by _____ Date of Birth ____/____/____ Sex: M F Grade completed _____

Home Address: _____ City _____ State _____ Zip _____

Mother:

First Name _____ Last Name _____ Home Phone # _____

Home Address (if different) _____

Place of Employment/Occupation _____ Work Phone # _____

Cell Phone # _____

Father:

First Name _____ Last Name _____ Home Phone # _____

Home Address (if different) _____

Place of Employment/Occupation _____ Work Phone # _____

Cell Phone # _____

Emergency Numbers, if parent cannot be reached:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____

Person having permission to pick up child:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____

Note anything you feel would be of help to us in caring for and teaching your child this summer.

Summer Day Camp Camper's General/Medical Information

Camper's Full Legal Name: _____ Date of Last Tetanus shot: _____

If parent/guardian cannot be reached who should we contact, in case of emergency?

Contact Person: _____ Phone Number: _____ Relationship to Child: _____

Contact Person: _____ Phone Number: _____ Relationship to Child: _____

Doctor's Name _____ Dentist's Name _____

Doctor's Address _____ Dentist's Address _____

Doctor's Phone _____ Dentist's Phone # _____

Physical Limitations :(Asthma, Diabetes, Migraine Headaches, Allergies, ECT...) _____

Is Camper currently taking any medications? If yes, please medication and condition requiring medication: _____

Please list any medical history or information you believe may be important to help us care for your child: _____

EMERGENCY MEDICAL RELEASE: To be completed by parents or legal guardians of Day Camp participants.

I/We, the parent and/or legal guardian of the minor child listed below:

Child's Full Legal Name

Date of Birth

Medical Information Continued

I/We hereby acknowledge that said minor is presently under my/our care, custody, and control. I/We hereby give my/our child, the said minor, permission to attend the Arrow Heights Baptist Church Summer Day Camp and to participate in all activities.

In the event that there arises an emergency, necessitating medical, surgical or dental attention, I/we hereby consent and give my/our permission to the Arrow Heights Baptist Church Summer Day Camp Staff or it's representatives, or any attending physician or dentist to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances.

I/We do release, acquit discharge, and covenant to hold harmless the Arrow Heights Baptist Church Summer Day Camp Staff personnel or Arrow Heights Baptist Church from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by my/our said child during the Arrow Heights Baptist Church Summer Day Camp, I also Acknowledge that all financial debts incurred are my responsibility and that the staff, sponsors, and personnel of the Summer Day Camp and/or Arrow Heights Baptist Church are NOT financially responsible.

This consent will remain in effect until ~ 6:00P.M.on the 7th day of August, 2009, unless sooner revoked in writing, and delivered to said physician or dentist or said persons entrusted with the custody, care and control of said minor child.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Dated: _____

Legal Guardian's Signature _____ Dated: _____

Insurance Information: Company Name: _____

Subscriber's Name: _____ Policy/Group Number: _____

Parent Contract

I am the parent and/or the legal guardian of _____ (name of camper).

I hereby agree to enroll my child in the Summer Day Camp program of **Arrow Heights Baptist Church** in Broken Arrow Oklahoma.

I believe my child can enter into the activities of his group, and I delegate all responsibility for his care and control to the authorized staff of the camp during the hours I leave him with them. However, if a problem exists which cannot be resolved, I understand the camp has the right to dismiss my child.

In the event that the authorized staff of the camp should deem it helpful and necessary to take the children on a field trip in connection with the camp, I do hereby grant permission for my child to accompany the group in whatever manner the camp might provide for such a trip.

I will not hold the camp, the church, or the staff liable for any accident or injury to my child on the way to or from the camp, or during the hours I leave him or her in their care. I authorize the staff or attending doctor to give emergency aid and treatment in the case of injury or illness until either I or my physician can be reached.

In case of emergency at a time when I cannot be reached, I authorize the staff to reach the persons whose names have been listed on my child's registration card.

If at any time an individual other than myself or the one regularly designated is to take my child away from camp comes to pick up my child I will make sure that I have given my sign in/out card to the person taking my child from camp. I understand that if I do not give the pick up person the card it will delay pick up and I will be called at home or work for authorization.

I will be responsible for paying for my child's day camp in full for the entire summer with no exceptions. I understand that if I miss a payment or my account is not paid up to date that my child will not be able to attend camp until the payment is paid in full. I also understand that Summer Day Camp reserves the right to dismiss my child for my not paying or my child's behavior.

Further, we (I) consent to the use of any video images, photographs, audio recordings or any other visual or audio reproduction that may be taken of the child-participant during their participation in any activity, event or trip to be used, distributed, or shown as Arrow Heights Baptist Church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers.

I have read the general information sheet and agree to abide by the procedures stated herein.

Date _____ Signed _____ Mother/Guardian

Date _____ Signed _____ Father/Guardian