

Camper Name: _____

First Baptist Church Day Camp June 21-25, 2021



Camper Information

First _____ Last _____ Gender: Male __ Female __
 School Name _____ Grade (Fall 2021) _____ Birth date ____ / ____ / ____ Age ____
 Street Address _____ Town/City _____ State ____ Zip code _____

Parent/Guardian Contact Information

Parent/Guardian #1

First _____ Last _____
 Street Address _____ Town/City _____ State ____ Zip Code ____
 Daytime phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____
 Street Address _____ Town/City _____ State ____ Zip code ____
 Daytime phone _____ E-mail _____

Emergency Contact Information

Emergency Contact #1

Name _____ Daytime Phone _____ Relation to child _____

Emergency Contact #2

Name _____ Daytime Phone _____ Relation to child _____

Alternate Pickup

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Information

Name of Health Insurance Provider _____ Primary Physician _____
 Address _____ Phone _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Terms of Agreement

Medical Release

I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is also granted to the First Baptist Church Day Camp and its affiliates to provide the needed emergency treatment prior to the child’s admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent’s/Guardian’s Initials _____

I understand that the First Baptist Church Day Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent’s/Guardian’s Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official First Baptist Church Day Camp activities by modes of transportation agreed to by the camp organizers.

Parent’s/Guardian’s Initials _____

Photo Release

I hereby give permission for my child to be photographed during the First Baptist Church Day Camp. I understand the photos will be used to keep a journal of activities, to share during presentations and/or reports to the church and Darlington community for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed.

Parent’s/Guardian’s Initials _____

Tuition Payment

\$50 to help cover activities and transportation cost.

_____ I have enclosed payment of \$50.00 with registration form.

_____ I will pay \$50.00 at camper registration on Monday, June 21, 2021.

_____ I would like to receive a scholarship for my child.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Mail form to: First Baptist Church
15691 County Road K
Darlington, WI 53530

Registration also available at fbcdarlington.com
Contact katie@fbcdarlington.com for questions