

Kidz Kamp 2017

Day Camp - July 10-12
Completed 1st -3rd Graders

First Baptist Church
306 South 10th Street
Pflugerville, Texas 78660
(512) 251-3052

\$75 - Register by May 14, 2016 • \$95 - May 14- May 28
Deposit \$25 - Balance Due May 28 Space is Limited

Payment Amount: Amount _____ Date Paid _____
Method of Payment: Check # _____ Cash ___ Other ___

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► T-Shirt Size: **Youth Size** _____ **Adult Size** _____

Name _____ Name Goes By _____

Birth Date First ____/____/____ Last Age ____ Male Female (Circle One) 2016/2017 Grade ____

Address _____
Street City State Zip

Home Phone _____

Parent/Guardian Information:

Name _____
Day Phone _____
Cellular/Pager _____
Email _____

Name _____
Day Phone _____
Cellular/Pager _____
Email _____

Other Person to Contact In Case of Emergency _____

Address _____ Phone _____
Relationship _____ Phone _____

Home Church _____

Attending With a Friend? ___yes ___no Friend's Name _____

Medical Insurance Name _____

Subscriber/Member Name _____ Employer _____

► (Please Provide Copy of Insurance Card WITH THIS FORM upon registration)

Name of Medical Doctor _____ Phone _____

Any Ongoing Health Problems? _____

Please list all medications you are currently taking, dosages, and times for each dose:

Medication(s) _____ Dosage _____ Time for each dose _____

Will Medication Need to Be Administered at Camp? (Circle One) Yes No

List any allergies (food, seasonal, etc) _____

RELEASE/PERMISSION CLAUSE: I (we), the undersigned parent(s)/legal guardian(s) of the above applicant do hereby release and discharge the FIRST BAPTIST CHURCH OF PFLUGERVILLE, TEXAS and it's representatives and staff from all liability of any kind, upon any claim or course of action which might be asserted in behalf of said minor against said church, representative or staff. Furthermore, in the event of an accident, if staff is unable to contact a parent or guardian, I (we) hereby grant permission to said staff to administer necessary first-aid and/or to take applicant to the nearest hospital or medical facility for additional treatment.

Parent's (Guardian) Signature (Required) _____ Date _____