

PreTeen Camp 2018

Lakeview Baptist Assembly
Lone Star, Texas
Kids Completing 3rd-6th Grades
June 22-25, 2018

First Baptist Church

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

- **\$199 Register By May 20**
- \$225 Register May 21-June 10 • \$250 Register June 11-June 17

Deposit of \$40 Due with Registration and Payment in Full Due by June 10
Space is Limited – Register Early

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

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Method of Payment: Check # _____ Cash ___ Other _____

➔ **T-Shirt Size:** (circle one)
Youth - M, L, Adult - S, M, L, XL, 2XL, 3XL

Name _____ Birth Date ___/___/___ Age ___ Grade 2017/2018 _____

Address _____
Street City State Zip

Home Phone _____

Parent/Guardian Information:

Name _____ Name _____

Mobile Phone _____ Mobile Phone _____

Email _____ Email _____

Other Persons 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 its 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 (Guardian) Signature _____ Date _____