

# PreTeen Camp 2017

Lakeview Baptist Assembly  
Lone Star, Texas  
Kids Completing 3<sup>rd</sup>-6<sup>th</sup> Grades  
June 23-26, 2017

## First Baptist Church

306 South 10<sup>th</sup> Street  
Pflugerville, Texas 78660  
(512) 251-3052

\$199 Register By May 14, 2017 (\$225 Register May 15-May 28)

**Deposit \$40 – Balance Due May 28 Space is Limited – Register Early**

Payment Amount: \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Method of Payment: Check # \_\_\_\_\_ Cash \_\_\_ Other \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

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 2015/2016 \_\_\_\_\_

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 \_\_\_\_\_