

**First Baptist Church of Vienna Summer Camp**  
**July 15-August 9, 2019**  
**Pre K- 6<sup>th</sup> Grade (5-12 years old)**

**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

Please type or print legibly.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:**  Female  Male **Age:** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade attended year 2018-2019:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **cell:** \_\_\_\_\_

**Parent email:** \_\_\_\_\_

(Include area code with telephone)

**Mother's name:** \_\_\_\_\_ **Father's name:** \_\_\_\_\_

**Mother's day phone:** \_\_\_\_\_ **Father's day phone:** \_\_\_\_\_

**Mother's cell:** \_\_\_\_\_ **Father's cell:** \_\_\_\_\_

**Person's Authorized to pick up child:** \_\_\_\_\_  
(Please provide a copy of their ID)

**Other Dismissal Arrangements** \_\_\_\_\_

**Emergency contact\*:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Specify any of your child's health concerns:** \_\_\_\_\_

**Is your child on any medication? No Yes If so, please specify:** \_\_\_\_\_

**Lunch:** Meals are included in the weekly fee. If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's name and last name. Refrigerators will be available for your child to store his/her lunch. Glass bottles/containers are not allowed. Please be considerate of those children who may have peanut allergies who attend the camp.

**Payments:** Tuition may be paid by cash or by check.  
Make the check payable to: First Baptist Church Vienna

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that the first weeks balance is due by June 10. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to All-stars Summer camp every day

**DROP OFF AND PICK UP TIMES**

Drop off time:

- 9AM standard drop off

Pick up time:

- 3:00PM for full day

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

I hereby give permission to **First Baptist Church of Vienna**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (camper's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **First Baptist Church** including but not limited to all aspects of cheerleading, tumbling, and dance training, baseball, basketball, soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **First Baptist Church , its employee and its staff** from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named student occurring on the premises of **First Baptist Church**, including any event sponsored or sanctioned by **First Baptist Church** and or travel to and from such activities. I also give permission to the camper mentioned above to take part in all field trips provided by **First Baptist Church** and waive all responsibility of **First Baptist Church** from any accident that occurs during transportation of the camper.

I understand that **First Baptist Church**, has the right to release any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **First Baptist Church**, or its scheduled program and that **First Baptist Church.**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_