



First Baptist Waco Summer Day Camp
2020 Child Registration Form
 500 Webster Ave. Waco TX 76706
 P:254-752-3000 F:254-756-2237
 Page 1 of 3

Child's Name _____ Gender _____
 Home Address _____ City _____ Zip _____ Phone _____
 Date of Birth _____ Grade Completed by Summer 2020 _____
 School _____
 T-Shirt Size: Youth: S ___ M ___ L ___ Adult: S ___ M ___ L ___ XL ___

Parent/Guardian Information

Father's Name _____ Mother's Name _____
 Employer _____ Employer _____
 Business Phone _____ Business Phone _____
 E-Mail _____ E-Mail _____
 Cell Phone _____ Cell Phone _____
 If not available in an emergency, notify: _____ Phone _____

Marital Status: Married ___ Re-Married ___ Divorced/Single Parent ___

Father Christian? ___ Name of Church _____
 Location _____
 Mother Christian? ___ Name of Church _____
 Location _____
 Child Christian? ___ Name of Church _____
 Location _____

Health History

(Please give us any information that will help us in working with your child)

1. Medical Operation/Serious Injury Dates: _____
2. Chronic illness/Medical conditions: _____
3. Current Medications/Send with Instructions: _____
4. Dietary Restrictions: _____
5. Allergies: _____
6. Other conditions that would help us in working with your child in all capacities (emotionally, mentally, physically, etc.) _____
7. Handicap: _____
8. Able to swim independently? Yes ___ No ___
9. Do you carry Medical/Hospital Insurance? Yes ___ No ___ If so, Indicate:
 Carrier _____ Policy No _____

Health History (Check and give approximate dates where applicable)

Frequent Ear Infections _____
 Heart Defect/Disease _____
 Convulsions _____
 Diabetes _____
 Bleeding/Clotting Disorders _____
 Hypertension _____
 Mononucleosis _____

Allergies (Dates not needed)

Hay Fever _____
 Ivy Poisoning; etc. _____
 Insect Stings _____
 Penicillin _____
 Other Drugs _____
 Asthma _____
 Other (Specify) _____

Diseases: Chicken Pox _____ Measles _____ German Measles _____ Mumps _____

Office Use Only:

Date Enrolled: ___/___/___ Deposit: _____ Cash: _____ Check: _____ T-shirt Given: ___/___/___ by _____



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Emergency Medical/Release Form

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the Director of this Camp or a staff member to take my child to the following doctor, clinic, or hospital:

_____ Doctor's Name	_____ Office	_____ Phone
_____ Dentist/Orthodontist's Name	_____ Office	_____ Phone
_____ Hospital Preference		

Release of Child

When my child is brought to the First Baptist Church Activities Center, he/she will be left with a staff member and released to be picked up **only to the parents or persons whose names are listed below:**

_____ Name & Telephone	_____ Name & Telephone
_____ Name & Telephone	_____ Name & Telephone
_____ Name & Telephone	_____ Name & Telephone

Our ministry commits to staff and expenditures based on our enrollment. No parent is charged an extra enrollment fee. The deposit you pay is applied to your first week of service. In fairness to this program, you will be expected to pay for the weeks to which you've committed your child but do not attend. It is the way for us to ensure the continuance of our ministry. Thank you for your attention and understanding in this matter. Our camp also retains the right to refuse enrollment if the camp feels the camper may be a hindrance to the camp.

Reminder: **You must decide exactly what weeks your Camper/Campers will attend by Wednesday, May 13, 2020, when we must finalize our enrollment.** Our enrollment is limited. After camp begins, you must pay for any weeks for which you have committed your child, regardless of changes in vacations, sports events, etc., so please plan carefully.

Circle Weeks Attending

DATE SELECTION DEADLINE: MAY 13, 2020

- (1) June 1-5 (2) June 8-12 (3) June 15-19 (4) June 22-26 (5) June 29-July 2* (6) July 6-10
(7) July 13-17 (8) July 20-24 (9) July 27-31 (10) August 3-7

***Camp closed on Friday, July 3**

I hereby give my full consent to the above releases for my child and agree to the statements above.

Date: _____

Parent Signature: _____



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FIRST BAPTIST CHURCH OF WACO LIABILITY RELEASE FORM

Summer Camp

In consideration of being accepted by First Baptist Church of Waco, Texas for participation in summer camp and all of its activities, events or trips to be held, we (I), being 18 years of age or older, for ourselves and on behalf of the child-participant (as named below) do hereby release, forever discharge and agree to hold harmless First Baptist Church of Waco, its staff, employees, leaders, directors, volunteers and any other agents (hereinafter called "agents") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child is participating in any church activity, event or trip, irregardless of the location(s) of such activity, event or trip.

Assumption of Risk

Furthermore, we (I) assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all aspects of the above referenced activity/event for ourselves and on behalf of the child-participant. Such risks may include exposure to other participants who are ill or have special medical conditions.

Permission to Participate

Further, we (I) are the parent(s) or legal guardian(s) of this participant, and grant our (my) permission for him/her to participate fully in all First Baptist Church summer camp activities, events or trips. First Baptist Church of Waco or its agents is authorized to furnish any necessary transportation, food and lodging for this participant.

Indemnification

The undersigned agrees to hold harmless and indemnify First Baptist Church of Waco and its agents for any liability and related expenses sustained by said Church as the result of the negligent, willful or intentional acts of said participant.

Medical Treatment Authorization

Permission is granted to take said participant to a doctor or hospital if needed. We (I) authorize medical treatment, including but not limited to, emergency surgery, and assume the responsibility of all medical bills, if any.

Unplanned Transportation Costs

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all transportation costs and as appropriate, to fully indemnify and/or reimburse First Baptist Church of Waco or its agents.

Photo/Audio/Web Release

Further, we (I) consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child -participant during their participation in any activity, event or trip to be used, distributed, or shown as said Church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers.

Name of Participant _____

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Place a Copy of
Your
Insurance Card Here
(side 1)

Place a copy of
Your
Insurance Card Here
(side 2)
