



2018 Teen Camp (June 24-29) Registration Form

ALL SECTIONS MUST BE COMPLETED TO REGISTER YOUR CHILD.

*Camper Information

Camper's Name:

Street Address:

School Grade Entering:

City:

State:

Zip Code:

Home Phone:

Male/Female:

Date of Birth:

Do you regularly attend church? Y/N

If yes, where:

*Parent Information

Parent/Guardian Name:

Dad's Cell #:

Mom's Cell #:

Dad's Work #:

Mom's Work #:

Email Address:

*EMERGENCY CONTACT

Please list someone other than parents. In case of an emergency, parents will be contacted first. If parents cannot be located by phone, the emergency contact person will be called.

Name (relative, friend, minister, etc):

Home #:

Cell #:

* Health Provider

All medications must be in their original containers, with correct dosage clearly marked and given to the Camp Nurse at registration.

Check If Uninsured

Insurance Company:

Insurance Phone#

Insured's Name:

Insured's Date of Birth Policy #

*Medical History

Date of last Tetanus Booster: / / Up to date Vaccinations Y/N.

Allergies: Food Y/N

Which foods?

Hay Fever Y/N

Bee Sting Y/N

Other:

Poison Ivy Y/N

Penicillin Y/N

Sunscreen Y/N

My child may receive if needed: Tylenol Y/N Advil Y/N Benadryl Y/N Pepto-Bismol Y/N



Tri-City Baptist Church

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My child has (circle all that apply):

Asthma Epilepsy Sleepwalk Migraines Ear Infections Seizure
Heart Disease Diabetes ADD/ADHD
Other:

***Camp T-Shirt Size**

Adult S Adult M Adult L Adult XL Adult XXL

***Payment Method (\$75.00) Registration (\$25.00)**

Cash Check Credit Card

***Important Information**

1. Camper Age Policy:

By registering your child in the programs of Tri-City Baptist your camper must register for their own age group. Our challenge here is a difficult one, and we must be consistent. If we allow an older camper to attend camp during a younger week, then we must also allow a younger camper to attend during an older week. The result would be a broad age group that would present problems to the overall program, as well as to the children, due to their physical and spiritual maturity levels. Therefore, we are unable to accommodate any request to make an exception to camp policy.

2. Risk of Injury:

*I give my permission for my child to participate in learning and recreational activities and to be bound by all camp policies regarding behavior and dress.

*I give permission for my child to participate in the full range of camp activities including swimming, and group sports. I acknowledge that the natural conditions of the camp, and the interaction with other children of various ages, may subject my child to risk of injury.

3. Photograph:

I give my consent for the camp to use my child's photograph in camp promotions, publicity, and website.

4. Waiver of Liability:

*In case of emergency, I hereby give permission to hospitalize, secure treatment for and to order anesthesia or surgery for my child named on this form. I understand that every effort will be made to contact me in case of such an emergency, if possible, before any such treatment is administered. I accept primary responsibility of medical coverage while my child is participating in camp session.

* In case of accident, I will not hold Tri-City Baptist, its staff, management, faculty, volunteers or its officers liable. Further, I waive any claim or cause of action against the foregoing parties which may arise as a result of an accident or an injury to my child.

* I hereby release Tri City Baptist from any responsibility other than normal supervision and care. Further, I understand that Tri City Baptist Church Camp and its staff shall not be held responsible for any articles lost, stolen or left at the camp.

* Parent/Guardian Signature _____ Date _____