



**Registration Form**  
 FBC's Vacation Bible Camp  
 June 26-30, 2017  
 9:00am -11:30am  
 Pre-Kinders\*\* - 6<sup>th</sup> grade

Date \_\_\_\_\_  
 CD \_\_\_\_\_

Child(ren): (One registration form per family, please)

(S, M, L)

Name		M F	Grade in Fall 17		T-shirt Size:	
Name		M F	Grade in Fall 17		T-shirt Size:	
Name		M F	Grade in Fall 17		T-shirt Size:	
Name		M F	Grade in Fall 17		T-shirt Size:	

**\*\* The drop off Pre-K program requires your child to be both (1) 4 years old by September 1, 2017 and (2) fully potty trained. Registration fee is \$15.00. Space is limited.**

**Registration Fee: \$ \_\_\_\_\_ (\$20.00 per child, Kindergarten-6<sup>th</sup> grade)**

Rcvd: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Need a Scholarship? See the Children's Director for more information.



**Parent/Guardian Information:**

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Permission: Please sign and return the following statement of consent and release of liability.** I hereby consent to participation of my child(ren) named above in this organized activity. I understand that my child will remain on church property and will be under the supervision of a designated person on the stated dates. As a parent or legal guardian, I remain fully responsible for the actions and conduct of my child(ren) including any legal responsibility which may result. In consideration of child(ren)'s being allowed to participate in this event, I agree to indemnify and hold harmless First Baptist Church of Davis and its representatives, including chaperones, from any and all claims, including negligence, arising from or relating to my child(ren)'s participation in this event. This Indemnification and hold-harmless agreement does not apply to claims for intentional misconduct or gross negligence.

**Parent/Legal Guardian (sign): \_\_\_\_\_ Date: \_\_\_\_\_**

**Medical Information:**

Phone number to contact you in case of an Emergency (other than number stated above): \_\_\_\_\_

Addl. contact in case of emergency: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Information: Provider: \_\_\_\_\_ Policy/Group/Medical #: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Special Needs/Allergies/Medicines: \_\_\_\_\_

**Medical Release:** I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize adult volunteers of First Baptist Church of Davis as agents of the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability First Baptist Church of Davis, any of its ministries or leaders in the event of an accident en route, during and returning from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

**Parent/Legal Guardian (sign): \_\_\_\_\_ Date: \_\_\_\_\_**

**Bringing a Friend? Let us know who they are so we can be sure to make them feel welcome!**

\_\_\_\_\_

**I want to volunteer and join in on the fun!**

**I am interested in:** \_\_\_\_\_

