

Berea First Baptist Church

GRADES 2-5 CAMP

Graded according to 2016-17 school year.

June 18 - 22, 2017
Cheraw, South Carolina

Registration Fee: \$50.00

Total Cost: \$215

Total cost reduced to \$190 if you register between March 22-26.

Name _____ Boy _____ Girl _____

Address _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Age _____ Birthdate (Month/Day/Year) _____

Grade in School _____ Family Doctor _____

Church Member _____ Sunday School Member _____ Choir Member _____

R.A./G.A. Member _____ Youth Member _____

Father's Name _____ Mother's Name _____

Home Phone _____ Cell _____ Home Phone _____ Cell _____

Employer _____ Employer _____

Member of Church? _____ Member of Church _____

If yes, which? _____ If yes, which? _____

List any condition that would limit camp activity, diet, etc. or any condition that might warrant special attention during a week at camp: _____

Parent's Signature

Camp T-shirt size _____

COMPLETE REVERSE SIDE OF FORM

All fees are non-refundable

(OFFICE USE ONLY)

Date Registered: _____

No. _____

Registration Fee Paid: \$ _____

Remaining Balance Paid: \$ _____

Berea First Baptist Church Permission and Medical Release Form

Participant's Name _____ Date of Birth _____

Parent/Guardian _____ Phone _____

I give permission for the above-named person to participate in the ongoing youth and children's activities of Berea First Baptist Church. I understand that some activities involve traveling to locations other than the church, and I give permission for the participant to ride in church-owned or church-authorized vehicles. I authorize adult leaders/volunteers to treat the participant, as necessary, using over-the-counter medicines such as anti-bacterial cream, Tylenol, Dramamine, eye drops, etc.

In Case of Medical Emergency

I understand that every effort will be made to contact me in the event of an emergency. However, permission is granted to the adult leader/volunteer from Berea First Baptist Church to authorize treatment by a nurse or physician – including injection, anesthesia, or surgery for the participant until such time as I can be reached. In addition, I hereby release, discharge, and hold harmless everyone associated with Berea First Baptist Church from any claims arising out of or related to any injury that may result while participating in church activities.

This permission/release form remains valid and applicable for all church activities from the date of signature to December 31, 2017.

Signature of Parent/Guardian _____ Date _____

Health and Contact Information

Health Insurance Company _____

Policy Number _____

Medication currently being taken _____

Medication or food allergies _____

Emergency Contacts (where parents/guardians or others can be reached)

Name _____ Cell _____ Home _____ Work _____

Name _____ Cell _____ Home _____ Work _____

Berea First Baptist Church Health Form

(All information is confidential and protected)

Name _____

Health History :

List any pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

Allergic to medications: _____

Check Any That Apply :

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Sleeping Disorders | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Frequent Upset Stomachs | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Allergies /Allergic Reactions | | |

If any of the above are checked, please give normal course of treatment:

Date of last Tetanus shot: _____

Glasses: _____ Contact Lens: _____ Hearing Aids: _____ Prosthesis: _____

Any swimming restrictions? Yes No What? _____

Any activity restrictions? Yes No What? _____

Family Doctor : _____ Phone: _____