

First Baptist Church

306 South 10th Street
Pflugerville, Texas 78660
(512) 251-3052

Kidz Kamp 2011

Day Camp - July 11-14
Completed 1st - 3rd Graders

Register by May 22, 2011 \$80 (\$100 May 23 - June 19)
Deposit \$20 - Balance Due June 19th Space is Limited

Payment Amount: Amount _____ Date Paid _____
Method of Payment: Check # _____ Cash ___ Other ___

Payment Amount: Amount _____ Date Paid _____
Method of Payment: Check # _____ Cash ___ Other ___

► **T-Shirt Size:** Youth Size _____ Adult Size _____

Name _____ Name Goes By _____

Birthdate _____/_____/_____ Age _____ Male Female (Circle One) 2010/2011 Grade _____

Address _____
Street City State Zip

Home Phone _____ Parent's Email _____

Parent/Guardian Information:

Name _____ Name _____
Work Phone _____ Work Phone _____
Cellular/Pager _____ Cellular/Pager _____

Other Person to Contact In Case of Emergency _____
Address _____ Phone _____
Relationship _____ Phone _____

Home Church _____
Attending With a Friend? ___yes ___no Friend's Name _____

Medical Insurance _____ Policy Number(s) _____
Subscriber/Member Name _____ Customer Service Phone _____

► (Important - Please Provide Copy of Insurance Card)

Name of Medical Doctor _____ Phone _____

Any Ongoing Health Problems? _____

Please list all medications you are currently taking, dosages, and times for each dose:

Medication(s)	Dosage	Time for each dose
_____	_____	_____
_____	_____	_____

Will Medication Need to Be Administered at Camp? (Circle One) Yes No

List any allergies (food, seasonal, etc) _____

RELEASE/PERMISSION CLAUSE: I (we), the undersigned parent(s)/legal guardian(s) of the above applicant do hereby release and discharge the FIRST BAPTIST CHURCH OF PFLUGERVILLE, TEXAS and its representatives and staff from all liability of any kind, upon any claim or course of action which might be asserted in behalf of said minor against said church, representative or staff. Furthermore, in the event of an accident, if staff is unable to contact a parent or guardian, I (we) hereby grant permission to said staff to administer necessary first-aid and/or to take applicant to the nearest hospital or medical facility for additional treatment.

Parent's (Guardian) Signature (Required) _____ Date _____