

PRETEEN CAMP '11

Lakeview Baptist Assembly
Lone Star, Texas
Kids Completing 3rd - 6th Grades
July 19-22, 2011

First Baptist Church

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

Register By June 5, 2011 \$150 (\$175 June 6th-July 10th)
Deposit \$25 – Balance Due July 10th Space is Limited – Register Early

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

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Method of Payment: Check # _____ Cash ___ Other _____

➔ T-Shirt Size: (circle one)
Youth - M, L, Adult - S, M, L, XL, 2XL, 3XL

Name _____ Birthdate ___/___/___ Age _____ Grade '10/'11 _____

Address _____
Street City State Zip

Home Phone _____ Parent's Email _____

Parent/Guardian Information:

Name _____ Name _____

Work Phone _____ Work Phone _____

Cellular/Pager _____ Cellular/Pager _____

Other Persons 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 _____

➔ (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 it's 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 (Guardian) Signature _____ Date _____