

# First Baptist Church

306 South 10<sup>th</sup> Street  
Pflugerville, Texas 78660  
(512) 251-3052

## Kidz Kamp 2011

Day Camp - July 11-14  
Completed 1<sup>st</sup> - 3<sup>rd</sup> Graders

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

Payment Amount: Amount \_\_\_\_\_ Date Paid \_\_\_\_\_  
Method of Payment: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_

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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 \_\_\_\_\_