

2017 SUMMER DAY CAMP REGISTRATION FORM



July 17-20, 2017; 2:30-5:30 pm

For Age 3 through Grade 5

Kick-off Dinner & Program on July 16 at 5:00 pm

Directed by Rev. Anita Thompson, Associate Pastor for Music & Worship

Registration Fee = \$15.00

Registration Form & Fee are due by June 30, 2017.

Name _____

Person listed above is registering as a (check one):

___ **Child Participant**

Birth Date (Month, Day, Year) _____

Grade Completed in 2016-2017 School Year (Circle One) Pre-K3 Pre-K4 K 1 2 3 4 5

___ **Youth Assistant**

Birth Date (Month, Day, Year) _____

Grade Completed in 2016-2017 School Year (Circle One) 6 7 8 9 10 11 12

___ **Adult Volunteer**

Mailing Address _____

Street/PO Box

City

Zip

Parents/Guardians Names *(Adult Volunteers leave blank.)*

(1) _____ Phone # _____

Email _____

(2) _____ Phone # _____

Email _____

Home Church _____

T-shirt Size: *Youth:* S M L XL

Adult: S M L XL XXL XXXL

FOR CHILD OR YOUTH WORKER:

—PLEASE COMPLETE MEDICAL INFORMATION ON REVERSE SIDE—

Registration Fee = \$15.00
Registration Form & Fee are due by June 30, 2017.

Checks should be made payable to *First Baptist Church of Ahoskie, Inc.*

Return to: First Baptist Church of Ahoskie
The Connection
PO Box 649
Ahoskie NC 27910

Anita Thompson, First Baptist Church of Ahoskie; 332-4003; Cell 252-395-0061; anita@fbcahoskie.org

MEDICAL CONSENT FORM

First Baptist Church of Ahoskie

 **Summer Day Camp 2017: July 16-20**

Name _____ Birthday _____
M / D / Y

Address _____
Street/PO Box City State Zip

Father's Name _____ Phone _____

Father's Place of Employment _____ Phone _____

Mother's Name _____ Phone _____

Mother's Place of Employment _____ Phone _____

Family Doctor _____ Phone _____

HOSPITALIZATION/INSURANCE INFORMATION

Company Name _____

Policy Holder's Name _____

Group Number _____ Contract Number _____

Policy Holder's Place of Employment _____

As parent(s) or legal guardian(s) of the above child, we hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be rendered to him/her by any licensed physician, surgeon, or by any licensed hospital, when accompanied by an adult leader of West Chowan Baptist Association or First Baptist Church of Ahoskie Music Day Camp. We assume full financial responsibility for such care, including prescribed medications and transportation by ambulance and agree to make full payment for same upon receipt of statement of fees.

We do hereby, for a good and valuable consideration, agree to indemnify and hold harmless the West Chowan Baptist Association and the First Baptist Church of Ahoskie from any and all actions, claims, demands, suits, or other liabilities which may result from the above-named minor's participation as stated above.

Parent's/Guardian's Signature _____ Date _____

Comments regarding special health problems (allergies, medications, etc.): _____

