

K3 - 6th Grades

2018 SUMMER DAY CAMP REGISTRATION AND MEDICAL AUTHORIZATION

REGISTRATION FORM

Submit application with a \$35 Registration Fee.

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____
City Zip

STUDENT'S HOME PHONE: _____

STUDENT'S DATE OF BIRTH: _____ GRADE IN AUG. 2018 _____

STUDENT'S T-SHIRT SIZE: (Circle appropriate size) Youth: X-Small, Small, Medium, Large, X-Large
Adult: A-Small, A-Medium, A-Large, A-X-Large

Father's Name: _____

Father's Address: _____
(If different than the above) City Zip

Father's Phone #'s Home: _____ Cell: _____ Work: _____

Mother's Name: _____

Mother's Address: _____
(If different than the above) City Zip

Mother's Phone #'s Home: _____ Cell: _____ Work: _____

Family Email: _____
(Best Email Address to Reach the Family)

Who has legal custody of the child for whom application is made? _____

If only one parent has custody, a copy of the appropriate documents must be furnished and on file at the school before the first day of Summer Day Camp. Please circle the weeks below that you know your child will be attending Camp. The parent with custody is responsible for payment for the weeks circled, and payments are non-refundable.

2018 SUMMER CAMP WEEKS

\$180 / WEEK - Pay the first day of each week.

(Please circle the weeks you are enrolling your child.)

May 29 - June 1

June 4 - 8

June 11 - 15

June 18 - 22

June 25 - 29

July 2 - 6 (M, T, Th, F)

July 9 - 13 (1st-6th \$85 VBS Discount)

July 16 - 20

July 23 - 27

July 30 - Aug. 3

**Submit this Registration Form and Registration Fee of \$35.00 right away
for a secured spot for your child. This fee is non-refundable.**

PICK UP AUTHORIZATION AND EMERGENCY CONTACTS

NAME: _____ PHONE # _____

NAME: _____ PHONE # _____

NAME: _____ PHONE # _____

Child's Doctor _____ PHONE # _____

Hospital Preference: _____

List any Food Allergies: _____

Does your child require an EpiPen? _____ YES _____ NO - Bring EpiPen the first day.

Explain: _____

Does your child have any medical conditions that we should know about? _____ YES _____ NO

If yes, please list or describe: _____

FIELD TRIP PERMISSION FORM AND MEDICAL AUTHORIZATION

My child has permission to accompany Hillsdale Baptist Church D/B/A Hillsdale Christian Academy and Preschool Summer Camp on all summer field trips, and I understand that in the event my child requires medical treatment while engaged in a Hillsdale Christian Academy approved activity, reasonable efforts will be made to contact me.

However, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me. Hillsdale Baptist Church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide coverage and the ministry's medical hospitalization coverage (subject to exclusions, limitations, and provisions in the ministry's policy) may provide secondary or excess coverage.

I agree and consent to any x-ray exam, injections, anesthesia, medical, dental or surgical diagnosis, treatment and hospital care, treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where services are rendered, either as an outpatient or in any hospital.

I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

Parent's Signature: _____

State of Florida, County of: _____

Signed before me this _____ day of _____, 20_____

By: _____
(name of parent or guardian)

Notary Signature

Notary printed name