

# K3 - 6th Grades

## 2019 SUMMER DAY CAMP REGISTRATION AND MEDICAL AUTHORIZATION

### REGISTRATION FORM

**Submit Registration 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. 2019 \_\_\_\_\_

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.

### **2019 SUMMER CAMP WEEKS**

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

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

**June 3 - 7**

**June 10 - 14**

**June 17 - 21**

**June 24 - 28**

**July 1-5 (no camp on 4th)**

**July 8 - 12 (1st - 6th Camp - VBS \$85)**

**July 15 - 19**

**July 22 - 26**

**July 29 - Aug. 2**

**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