

Jr. Kidz Kamp
First Baptist Church Pelham
Registration Form
July 20 - 22, 2010

Name of participant _____ DOB _____ Age _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

2009-10 school grade (what grade did you just finish?) _____ Work Phone _____

T - Shirt Size (Circle One) Child: 6-8 10-12 14-16 Adult: S M L XL XXL

Listed below are some of the activities we have planned during the week. Place your **INITIALS** next to the specific activities listed below to indicate your approval of your child's participation.

_____ Inner-tube float at the creek _____ Adventure Recreation Games

_____ Swimming at the creek _____ Swimming at the swimming pool

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the staff of First Baptist Church of Pelham to hospitalize, to secure medical treatment and/or to order injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First Baptist Church of Pelham through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand there will be a ZERO tolerance policy enforced for bullying and/or pranks during the activity dates shown on this form. Consequences as deemed necessary by the Children's Ministry of First Baptist Church of Pelham and its agents will be administered.

I understand all reasonable safety precautions will be taken at all times by the Children's Ministry of First Baptist Church of Pelham and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church of Pelham, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____