

Camper Name: \_\_\_\_\_ SSBC Camp Unplugged Registration Form Age: \_\_\_\_\_

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

Camper Name: \_\_\_\_\_ **SSBC Camp Unplugged Registration Form** Age: \_\_\_\_\_

I understand that the St Stephen Baptist Church nor SSBC Camp Unplugged will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**FEE INFORMATION: \$50 ACTIVITY FEE (includes 2 T-Shirts) plus \$135 PER WEEK.**

**AFTER CARE: \$20 plus an additional \$5.00 for each minute after 6:00 p.m.**

Please select your child's tee shirt size \_\_\_\_\_ **Small** \_\_\_\_\_ **Medium** \_\_\_\_\_ **Large** **Youth or Adult**

Before/After School **Before care** \_\_\_\_\_ **After Care** \_\_\_\_\_ **Both** \_\_\_\_\_

### Terms of Agreement

#### Photo Release

I hereby give permission for my child to be photographed during SSBC Camp Unplugged. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of St Stephen Baptist Church.

Parent's/Guardian's Initials \_\_\_\_\_

#### Transportation Release

I hereby give permission for the transportation of my child for official **SSBC Camp Unplugged** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials \_\_\_\_\_

### **ACTIVITY PROGRAM/FIELD TRIP LIABILITY RELEASE AUTHORIZATION**

I hereby represent and warrant that if the participant is a minor, I am his/her guardian and authorized to provide the release authorization, and permissions as stated below and all information above is accurate and complete. I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles (church buses) and agree to release St. Stephen Baptist Church, SSBC Summer Camp, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in the program stated above. Unless otherwise indicated by a parent/guardian in writing at the time of registration, photographs, of participants for use in church publications may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances except as required by law. By way of copy of this form, I authorize the staff of the St. Stephen Baptist Church and SSBC Summer Camp to obtain medical/hospital treatment for the above participant in the event of an emergency and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

The St Stephen Baptist Church nor SSBC Camp Unplugged are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_