PERFORMING ARTS DAY CAMP – 2017 @ Central Baptist Church
"The Prodigal Clown"
Kindergarten – Grade 7 (completed) - $50
Sunday, July 9: 2-5 PM & Monday-Thursday, July 10-13: 9 AM-2 PM
Performance: Thursday Evening, July 13, 7 PM – Children Arrive @ 6 p.m.

REGISTRATION:

Camper's Name: _____ Date of Birth: ____/____/____

Age____   Grade just completed_____   Male ____/ Female_____

Home Address_____

          Street & #   City   Zip Code

Parent/Guardian

Mother's Name:_____   Father's Name:_____

Address (if different from above):   Address (if different from above):

_____   _____

Cell_____   Cell_____

Phones: Home _____Mom's Wk._____ Dad's Wk._____

Email Address (very IMPORTANT):_____

Who may pick-up or drop-off? Be sure to LIST ALL that apply.   Attach another sheet if necessary.

Name: _____ Dr. Lic. #_____

Name: _____ Dr. Lic. _#_____

Emergency Medical Information:

Doctor's Name:_____Phone_____

Known Allergies?_____ Other Medical Info:_____

_____

   Please note: No medications (prescription or OTC) can be given by CBC employees or volunteers.

Permission to Participate / Release of Liability

   I hereby give permission for my child _____ to participate in all activities related to Central Baptist Church's Performing Arts Day Camp. I understand that all activities will be conducted on church property.

   In return for the benefits of my child's participation in these church sponsored activities I agree to accept responsibility for the actions of my child and assume all risk of injury to my child. In the event of illness or accidental injury, I hereby authorize the church employee or adult chaperone to obtain medical treatment for my child as deemed necessary, after making every reasonable effort to notify us. If the church employee or chaperone is unable to contact us for any reason, he or she is further authorized to use his or her judgment in making care decisions for our child, and I agree to pay in full and be responsible for, any and all expenses incurred for this treatment.

   I understand the zero tolerance policy related to illegal substances and weapons and agree to pick-up my child if deemed necessary for any reason by the Camp Director. I have read & understand this document and release of liability. I agree to the terms and conditions and certify that the information provided is complete and accurate.

Parent/Guardian Signature_____ Date:_____

Parent Print Full Name:_____

I agree that my child's image, both in print and electronically, may be used by Central Baptist Church for illustrative or promotional purposes. **Yes   No**   Please initial._____

Return this form and check for fees payable to Central Baptist Church, 142 Fairview Ave., Daytona Beach, FL 32114

FOR OFFICE USE ONLY: Amt. Paid:_____ Ck. #_____   Cash_____   Date:_____ Rec'd By:_____