

PERFORMING ARTS DAY CAMP – 2021 @ Central Baptist Church

“The Lions, the Switch and the Warm Robes”

Kindergarten – Grade 8 (completed) - \$50

Sunday, July 25: 2-5 PM & Monday-Thursday, July 26-29: 9 AM-2:00 PM

Performance: Thursday Evening, July 29, 7 PM

REGISTRATION:

Camper's Name: _____ Date of Birth: ____/____/____
Age _____ Grade just completed _____ Male ____/ Female _____

Home Address _____
Street & # _____ City _____ Zip Code _____

Parents/Guardians

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

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

Phones: Home _____ T-Shirt Size: Youth S M L or Adult S M L (pls circle size)

Cell _____ Cell _____

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: _____