

# 2014 SUMMER CAMP REGISTRATION

FIRST BAPTIST CHURCH, Norman – FAMILY LIFE CENTER

Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Church Affiliation: \_\_\_\_\_ None \_\_\_\_\_

DOB \_\_\_\_\_ Age on 5/31/14 \_\_\_\_\_ Grade completed \_\_\_\_\_ Summerscope: \_\_\_\_\_

Mother \_\_\_\_\_ Employed by \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Employed by \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

List any Food Allergies, physical and/or medical problems, or characteristics camp staff should know:

T-Shirt Size: \_\_\_\_\_ CS (6-8), \_\_\_\_\_ CM (10-12), \_\_\_\_\_ CL (14-16), \_\_\_\_\_ AS (34-36), \_\_\_\_\_ AM (38-40),  
 \_\_\_\_\_ AL (42-44), \_\_\_\_\_ AXL (46-48) *(T-shirts not included with Gymnastics Camp)*

**\*A \$30 Deposit may be made toward Upward Basketball to hold your spot, but the rest of the camps require full payment DUE UPON SIGNUP. \*TOTAL FEE DUE TWO (2) WEEKS PRIOR to camp. The \$30 deposit and/or day camp registration fee is non-refundable. Please initial: \_\_\_\_\_**

**CAMP ENROLLMENT:**

	Amt.	Pd.	Ca/Ck#	Date
_____ <u>Jr. Hoops</u> (June 3-5) 4-5 yrs, 9 a.m.-11 a.m.				
_____ <u>Young Chef's Day</u> (June 24) 4 yr-1 <sup>st</sup> Gr., 9 a.m. -11:30 a.m. <b>\$20</b>				
_____ 2 <sup>nd</sup> Gr.-5 <sup>th</sup> Gr., 1:00 p.m.-4:30 p.m.				
_____ <u>Hiking Camp Day</u> (June 26) K-2 <sup>nd</sup> Gr., 8:30 a.m.-11:30 a.m. <b>\$20</b>				
_____ 3 <sup>rd</sup> -5 <sup>th</sup> Gr., 8:30 a.m. – 1:00 p.m.				
_____ <u>Bug Basics Day</u> (July 1) 3 <sup>rd</sup> – 5 <sup>th</sup> Gr., 8:30 a.m. – 11:30 a.m. <b>\$20</b>				
_____ <u>Gymnastics Camp</u> (July 7-11) 3.5-14yrs. <b>\$40/\$45</b>				
_____ 3:15 class _____ 4:10 class _____ 5:15 class				
_____ <u>Geocaching Day</u> (July 10) K-2 <sup>nd</sup> Gr., 8:30 a.m.-11:30 a.m. <b>\$20</b>				
_____ 3 <sup>rd</sup> -5 <sup>th</sup> Gr., 1:00 p.m.-4:30 p.m.				
_____ <u>Upward Basketball</u> (July 22-25) <b>\$75 DEPOSIT</b> Ck/Ca <b>DATE</b> <b>2nd PAY</b> Ck/Ca <b>DATE</b>				
_____ 6-8 yrs. (8:30-11:30a.m.) _____ 9-12 yrs.(1-4:00 p.m.) _____				

**RELEASE:** I hereby give permission and authorize the members of the Family Life Center Summer Camps staff to seek and/or administer emergency medical treatment to my child in the event I cannot be reached. I give my consent for my child to participate in all camps marked above. I fully understand the nature of all camps and acknowledge that my child is physically free of illness and/or injury which would otherwise prohibit participation in camp activities. I give my permission for my child to be transported to and from any destination as needed relating to a camp activity. I understand that photos or video may be taken during camp and permission is granted for photos or video to be used by First Baptist Church for promotional purposes only. Furthermore, I hereby release all Camp Staff from any cause of action I may have arising during the **2014** summer camp sessions.

Signature: Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_