

2016 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 5/31/16 _____ Grade completed _____ Summerscope: _____

Mother _____ Employed by _____ Phone _____

Father _____ Employed by _____ Phone _____

In case of emergency _____ Phone _____

Child's Physician _____ Phone _____

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)

\$30 PER CAMP NON-REFUNDABLE, NON-TRANSFERABLE DEPOSIT DUE UPON SIGNUP.*
***~TOTAL FEE DUE TWO (2) WEEKS PRIOR TO BEGINNING OF EACH CAMP.~* _____ Initial**

CAMP ENROLLMENT:

		DEPOSIT	Ck/Ca	DATE	2nd PAY	Ck/Ca	DATE
_____ <u>Jr. Hoops Camp</u>	May 31-June 2	\$50					
_____ 4yrs.- 5 yrs,	9 a.m.-11a.m.						
_____ <u>Jr. Science Camp</u>	June 6-9	\$75					
_____ 4yrs - 1 st Gr.	9 a.m.-11:00 a.m.						
_____ <u>Science Camp</u>	June 6-9	\$75					
_____ 2 nd - 5 th Gr.	1:30 p.m.-3:30 p.m.						
_____ <u>Gymnastics Camp</u>	June 20-23 3-14yrs.	\$40/\$45					
_____ 3:15 class _____ 4:15 class _____ 5:20 class							
_____ <u>Jr. Chef's Academy</u>	July 11-14	\$75					
_____ 4 yrs - 1 st Gr.	9:30 a.m. -11:30 a.m.						
_____ <u>Chef's Academy</u>	July 11-14	\$75					
_____ 2 nd - 5 th Gr.	1:00 p.m.-3:00 p.m.						
_____ <u>Upward Basketball</u>	(July 25-28)	\$75					
_____ 6-8 yrs. 8:30-11:30a.m. _____ 9-12 yrs. 1-4:00 p.m.							
_____ <u>S.M.A.K. (Musical Camp)</u>	Aug. 1-5	\$100					
_____ Completed K-5 th Gr.	9:00 a.m.-3:00 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 that may arise during the 2016 summer camp sessions.

Signature: Parent/Guardian _____ Date _____

Additional Information

Name of Child: _____

- ☐ My child does NOT have any physical limitations or medical issues camp staff needs to know about. ie. This includes medical issues that are behavioral in nature.
- ☐ My child DOES have physical limitations, medical issues, or behavioral issues camp staff needs to know about.
Please list all information below:

- ☐ My child does NOT have ANY allergies and can eat the snacks provided
- ☐ My child DOES have allergies. If your child has food allergies please list type of food to avoid and reaction if ingested or comes in contact with it. This includes but is not limited to nuts, dairy, egg, gluten and citrus.

Please list ALL allergies below:

Food

Reaction

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have reviewed the ingredients list for Young Chef's Academy. **Please Initial** _____

Due to the nature of Young Chef's Camp we cannot guarantee that your child will not come into contact with food that they may be allergic to. Please take this into consideration when signing your child up for Young Chef's Camp. If your child has allergies we **DO NOT** recommend this camp for your child.

Signature of Parent/Guardian _____ Date _____