

# 2018 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 5/31/18 \_\_\_\_\_ 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)*

**\$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 Final PAY Ck/Ca DATE**

\_\_\_\_\_ Jr. Hoops (May 29-31) 4-5 yrs, 9am-11am **\$50**

\_\_\_\_\_ Gymnastics Camp (June 18-21) 3-14yrs. **\$40/\$45**  
 \_\_\_\_\_ 3:15 class \_\_\_\_\_ 4:15 class \_\_\_\_\_ 5:25 class  
 3-6 All Levels \$40 4-13 All Levels \$45 7-14 Int / Adv \$45

\_\_\_\_\_ Jr. Chef's Academy 4 yrs.-1<sup>st</sup> Gr. **\$80**  
 \_\_\_\_\_ June 18 - 21 9 a.m. – 11 a.m.  
 \_\_\_\_\_ July 9 - 12 9 a.m. – 11 a.m.  
 \_\_\_\_\_ July 16 - 19 9 a.m. – 11 a.m.

\_\_\_\_\_ Chef's Academy 2<sup>nd</sup> – 5<sup>th</sup> Gr. **\$80**  
 \_\_\_\_\_ June 18 - 21 1 p.m. – 3 p.m.  
 \_\_\_\_\_ July 9 - 12 1 p.m. – 3 p.m.  
 \_\_\_\_\_ July 16 - 19 1 p.m. – 3 p.m.

DEPOSIT Ck/Ca	DATE	Final PAY Ck/Ca	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 2015 summer camp sessions.

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