

# WESTBURY BAPTIST CHURCH

## RECREATION MINISTRY

10425 Hillcroft, Houston, Texas 77096

713-723-8136

www.wbchouston.org

SPRING BREAK CAMP

•Camper Registration Form•

2018

**CAMPER NAME** \_\_\_\_\_

### GENERAL INFORMATION

CAMPER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ CURRENT SCHOOL GRADE \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT(S) \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**Please provide 2 emails for electronic notification of statements, day camp news, updates, etc. Please print clearly.**

EMAIL 1 \_\_\_\_\_

EMAIL 2 \_\_\_\_\_

### MEDICAL INFORMATION

CHILD'S DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

OTHER MEDICAL PROBLEMS \_\_\_\_\_

HOSPITALIZATION INSURANCE IN NAME OF \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_ LOCAL REP (if known) \_\_\_\_\_

**Please indicate below to the best of your knowledge when your child will be present at Day Camp**

#### SPRING BREAK CAMP OPTIONS

WEEKLY SESSION - March 12 - March 16 (\$155)

OR

DAILY OPTION (\$40 a day)

Monday  Tuesday  Wednesday  Thursday  Friday

\* If choosing the daily fee, check off which days your child will attend.

#### EXTENDED CARE OPTIONS (Free of Charge)

Check all appropriate boxes:

AM Extended Care (7:00 am to 9:00 am)

PM Extended Care (4:00 pm to 6:30 pm)

Extended Care not needed

**IMMUNIZATION RECORDS**

Attach a copy of your child's current immunization record. Send any updates if any new vaccines or boosters are given during the camp program. **This is a requirement of the Texas State Health Department.**

**DOCTOR APPROVAL TO ATTEND DAY CAMP**

Please have your child's doctor sign the statement below indicating his/her approval for your child to be in the Westbury Baptist Church Day Camp Program. You may also attach or fax a statement from your doctor.

**I have examined the child named on this form and find that he/she is able to participate in this day camp program.**

\_\_\_\_\_  
DATE                                      NAME                                      SIGNATURE

**PHOTO & VIDEO POLICY**

As a participant in Day Camp, your child may be photographed or videotaped during normal Day Camp activities. These photos or videos may be used in promotional materials, on the Westbury Baptist Church (WBC) web site, or posted in the Family Life Center of WBC.

Photos and video will not be given or sold to groups or organizations not associated with WBC.

Last names and addresses will never be used in any promotional materials, on the web site, or any other media that might make use of the photos or video.

**AUTHORIZATIONS**

**PERSONS OTHER THAN MYSELF WHO MY CHILD MAY BE RELEASED TO:**

- 1. \_\_\_\_\_ PHONE \_\_\_\_\_ TDL# \_\_\_\_\_
- 2. \_\_\_\_\_ PHONE \_\_\_\_\_ TDL# \_\_\_\_\_
- 3. \_\_\_\_\_ PHONE \_\_\_\_\_ TDL# \_\_\_\_\_

Westbury Baptist Church (WBC) has permission to transport my child from the church to planned activities and back to the church.

I/we, the undersigned parent(s) of \_\_\_\_\_, do hereby authorize and direct the WBC staff or authorized adult sponsor to secure medical services for our child in the event of illness or accident. I/we further authorize, direct, and empower the said WBC staff member or authorized adult sponsor to sign any required authorizations or consent agreements in our name, place, and stead for the rendering of medical services to the above named child.

Furthermore, I/we the undersigned do hereby release, remise, and forever discharge all sponsors and WBC from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating with WBC.

Furthermore, I/we have read, understand, and agree to everything contained in this camper registration form.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

**NOTARIZATION**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2018

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed or typed name of notary public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_