

WESTBURY BAPTIST CHURCH

RECREATION MINISTRY

10425 Hillcroft, Houston, Texas 77096

713-723-8136

www.wbchouston.org

DAY CAMP (K-6)

•Camper Registration Form•

2018

CAMPER NAME _____

T-SHIRT SIZE

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Y-S | <input type="checkbox"/> A-S |
| <input type="checkbox"/> Y-M | <input type="checkbox"/> A-M |
| <input type="checkbox"/> Y-L | <input type="checkbox"/> A-L |

GENERAL INFORMATION

CAMPER ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ BIRTH DATE _____ AGE _____ 2017-2018 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 an e-mail(s) 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

DAY CAMP OPTIONS

- | | |
|---|--|
| <input type="checkbox"/> SESSION 1 June 4-8 | <input type="checkbox"/> SESSION 7 July 16-20 |
| <input type="checkbox"/> SESSION 2 June 11-15 | <input type="checkbox"/> SESSION 8 July 23-27 |
| <input type="checkbox"/> SESSION 3 June 18-22 | <input type="checkbox"/> SESSION 9 July 30-Aug 3 |
| <input type="checkbox"/> SESSION 4 June 25-29 | <input type="checkbox"/> SESSION 10 Aug 6-10 |
| <input type="checkbox"/> SESSION 5 July 2-6* | <input type="checkbox"/> SESSION 11 Aug 13-17 |
| <input type="checkbox"/> SESSION 6 Jul 9-13 | <input type="checkbox"/> SESSION 12 Aug 20-24** |

These options can be changed by notifying the Day Camp office.

*Closed Jul 4, 2018

**Based on worker availability.

EXTENDED CARE OPTIONS

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

These options can be changed by notifying the Day Camp office.

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 Summer 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 summer 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 may also be used on a CD or DVD to be sold to Day Camp families at the end of the summer.

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 _____ 2____