



June 5 — August 4, 2017 — 9 Weeks

___ Number of weeks attending at \$100/week/child

___ Registration (\$50/April, \$75/May, \$100/After - per child)

Extended Care: 4pm - 6pm—\$20/week/child

How did you hear about FBA Summer Camp?

STUDENT INFORMATION

Last name: _____ First name: _____ Middle name: _____

Home address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

DOB : MM/DD/YYYY Age: _____ Gender: _____

PARENT INFORMATION Are parent's separated? yes / no Whom does the applicant reside with?

Father's name: _____ Mother's name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home phone: _____ Home phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Employed by: _____ Employed by: _____

Title: _____ Title: _____

Work #: _____ Work #: _____

We're halfway there! Please continue on the back side...

EMERGENCY INFORMATION *Who is authorized to pick up your child or be contacted in the event of an emergency if you are unavailable?*

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Applicant's physician: _____ Phone: _____

STUDENT MEDICAL INFORMATION/PERMISSION FORM

Family insurance company: _____

Policy number: _____

MEDICAL HISTORY

Immunizations:

- Tetanus Measles Mumps
- Polio booster Other _____

Medical Conditions:

- Asthma Diabetes Heart trouble
- Bronchitis Sinusitis Dizziness
- Hay Fever Kidney trouble Social Disorders
- Stomach trouble Other _____

Allergies:

Food: _____

Insect stings/bites: _____

Current medications: _____

Special diet: _____

Allergies/special needs: _____

SWIM AUTHORIZATION

My child can swim: Y / N

- Beginner
- Intermediate
- Advanced

I hereby grant permission for my child,

to attend off-campus activities sponsored by First Baptist Academy Summer Camp. I also acknowledge that First Baptist Church of SW Broward and First Baptist Academy are not responsible for injury or loss of personal belongings on these trips.

My child and I understand that if they do not follow directions, they can be sent home at the director's discretion and they will not receive a refund.

In the event that my child becomes ill or injured while under the camp's supervision, I authorize the leader or their designee to take the following steps:

1. Contact the parents of the child IMMEDIATELY and follow his or her instructions.
2. In the event that neither parent can be reached, FBA will contact the 2 (two) emergency contact and/or the child's physician and proceed as instructed by the aforementioned. In the event that these contacts cannot be reached, FBA will call 911.
3. If the child needs emergency medical services which require parental consent, and the parents cannot be reached, I, the parent hereby authorize, appoint, and empower the director, or the staff designee to furnish on my behalf such written or oral authorization as may be required.
4. I release the director or staff designee or designees, FBA and First Baptist Church from any liability which might arise from the granting of such authorization, as it is my desire that my child receive medical attention as soon as possible.
5. I give permission for the participant's picture, while participating in camp activities, to be used in brochures, publications, slides and videos promoting FBA Summer Camp.

Signature of Parent or Guardian:

_____ Date: MM/DD/YYYY