

Kids Kamp - 2018 Registration Cost: \$10.00 (Early Registration by June 17 only \$7.00)

Name: _____ Home Phone: _____ Gender: Male Female

Address: _____ City: _____ Zip code: _____

Email: _____ Birth Date: ____/____/____ Grade (Fall of 2018): _____

Name(s) of Parent(s) or Guardian(s): _____ Cell Phone: _____

Emergency Contact (NOT A PARENT): _____ Cell Phone: _____

T-shirt Size: Check One Youth Sm Youth Med Youth Lg Adult Sm Adult Med

***PLEASE COMPLETE THE MEDICAL RELEASE FORM ON THE BELOW.**

Did you indicate a T-shirt size?

11th Street Baptist Church 990 W. 11th Street Upland, CA 909-982-6381
www.11thstreetbaptist.com eleventhstreetbaptist@gmail.com

For Office Use Only
Received by: _____
Pd. Sch. Alt.

Kids Kamp 2018 Registration—please detach and return to the church office with payment.

Check if participant has had any of the following: Recent illness Asthma Diabetes

Heart condition Epilepsy/Seizures Other serious or chronic illness _____

Allergies list (include medications): _____

Date of last Tetanus shot _____ Are other immunizations up to date? Yes No

List any medications this participant will need to take while at the events: _____

Note: All medications (prescription and non prescription) must be checked into the Kids Kamp Nurse at each event. A nurse will administer all medications according to parents and/or Doctor's instructions.

This section below is for parent/guardian to fill out regarding participants:

My child has permission to take these if needed: Tylenol Pepto Bismol Saline Eye Drops

Any swimming restrictions? Yes No Other activity restrictions? Yes No Attach a sheet with details.

Medical Insurance Company _____ Policy/Group Number: _____

Doctor's Name: _____ Phone Number: _____

My child has my permission to attend Kids Kamp with the Eleventh Street Baptist Church (Upland, CA) between the dates of 6/27/2018 and 6/30/2018. With the understanding that due care for the health and safety of all participants will be exercised, Eleventh Street Baptist Church will not be held responsible in the event of any illness or accidental injury. I also authorize and direct the Kids Kamp leaders to secure the services of properly qualified medical personnel to perform any necessary medical or surgical procedure for my child in the event of any illness or injury, with the understanding that every reasonable effort will be made to contact me before such action is taken. I also agree to assume all legal and financial responsibility for the treatment of my child.

Signature: _____ Parent Legal Guardian Date: ____/____/____