KidONE Summer Camp

Child's Name _____ Date of Birth _____

Age _____ Grade (Just Completed) _____

Address _____

Parent / Guardian Name_____

Address (if different) _____

Phone / Cell Number _____ Alt. Phone _____

Email Address_____

Child's Shirt Size (Circle ONE): Child Small Child Medium Child Large
Adult Small Adult Medium Adult Large Adult XL

Please indicate which weeks your child will be attending: (Each camp is $75/week)

- □ June 11-15 Adventure Camp
- □ June 18-22 Art Camp
- □ June 25-29 Sports Camp (□ basketball □ soccer □ cheer □ baseball)
- □ July 2-6 Summer Fun Camp
- □ July 9-13 Science Camp

Please list any allergies or medical conditions we should be aware of: _____

_____

I understand that First Baptist Church may take photos and/or film of children participating in our programs to be used for promotional purposes in publication/film/website/social media. By signing below I grant permission to First Baptist Church to transport my child to and from the church or any location as previously made know to me as it pertains to related FBC KidONE children's activities. Permission is granted for my child to receive emergency medical treatment if needed.

In case of emergency, please contact: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE REMEMBER: REGISTRATION IS NOT COMPLETE UNTIL THE $25 REGISTRATION FEE IS RECEIVED.