

**2018 FRONT PORCH MINISTRIES
KID'S CAMP AUTHORIZATION AND REGISTRATION FORM
(Conducted by East Pointe Baptist Church)**

Welcome to Kids Camp 2018! To insure that your child has a FREE T-SHIRT and that we adequately prepare, please fill out this form and turn it in to Front Porch Ministries at your earliest opportunity. Thank You!

Child's Name _____ **Date of Birth** _____

Last Grade Completed _____ **School** _____ **Youth T-shirt Size** _____

Address _____ **City** _____ **Zip** _____

PARENT/GUARDIAN REGISTERING PARTICIPANT:

Name _____ **Email address** _____

Best phone number: _____ **Number where text updates can be sent** _____

In case of an emergency, please contact _____

Relation to camper _____ **Contact Number** _____

Physician's Name _____ **Physician's Telephone** _____

Known Allergies _____

List any medications taken regularly _____

In consideration for allowing the above named child ("Child") to attend and participate in Kids Camp 2018 ("Camp") I, as undersigned parent or legal guardian of the above named child ("Child"), hereby expressly grant my permission and consent for my Child to attend and participate in the Kids Camp 2018 ("Camp"). Also In consideration for allowing my Child to attend Camp, I further acknowledge and agree as follows: I understand that the Camp leadership will attempt to notify me in case of a medical or other emergency involving my Child. If I cannot be reached, I authorize the Camp leadership to secure a doctor or other health-care professional if and as necessary in the sole discretion of the Camp leadership. I further hereby expressly grant my permission and consent to any and all such doctors or other health-care professionals to provide medical services he or she may deem necessary in his or her sole discretion, and I further hereby release and waive any and all claims which I or my Child may have against such doctor, healthcare professional, and the Church and Camp leadership which may arise therefrom. Prior to enrollment of my Child in Camp, I will notify Camp leadership of any and all health considerations that would prevent or may affect my Child's participation in an activity. I also hereby expressly grant my permission and consent for Camp leadership to restrict my Child from participating in any activity as they may deem necessary in their sole discretion. I also give permission for my Child to be photographed and video recorded for marketing, promotional, or any other use, unless otherwise stated in writing and submitted to Camp leadership prior to the start of the Camp.

A photocopy of this Authorization and Registration shall be deemed and have the same effect as the original.

Signature of Parent or Legal Guardian **Date**

My child plans to attend Kids Camp on these days:

Monday	Tuesday	Wednesday	Thursday

THANK YOU FOR REGISTERING FOR KIDS CAMP 2018!