

Registration Paid _____ Date _____

Riverside Baptist Summer Camp Registration Form

Riverside Baptist Church
1919 Highway 52 W. Helena, AL 35080

Child #1: _____ Age: _____ Birthday: __/__/__ Last Grade Attended _____

Child #2: _____ Age: _____ Birthday: __/__/__ Last Grade Attended _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone number: _____

Mother's Name: _____ Work#: _____ Cell#: _____

Email: _____

Father's Name: _____ Work#: _____ Cell#: _____

Email: _____

Physicians Name: _____ Phone#: _____

Emergency Contact If Parents Cannot Be Reached:

Name: _____ Work#: _____ Cell#: _____

Name: _____ Work#: _____ Cell#: _____

Emergency Facility Preferred (If no choice is listed, child/children will be taken to Shelby Medical Center): _____

Medicines currently taken:

(Please provide any medication that your child needs along with written instruction for usage to the Camp Director)

Child #1: _____ Child #2: _____

Allergy/Diet Restrictions:

Child #1: _____ Child #2: _____

Date of last Tetanus:

Child #1: _____ Child #2: _____

CONTINUE ON BACK

Activities to be Restricted:

Child #1: _____ Child #2: _____

Please list below the names of those individuals who are authorized to pick up your child/children from Camp.
Additions or Deletions may be made at any time with written notice from the parent/guardian to the Camp Director.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Church Affiliation:

Do you Attend church: Yes / No if so, where?

To the best of my knowledge the information on this form is correct. My child/children has permission to participate in all camp activities except as noted by me above. In the event I cannot be reached in an emergency, I hereby grant permission to the physician/facility selected by the camp director, to secure proper treatment for, and including, but not limited to , injections, anesthesia, or surgery for my child/children as named here in.

I, _____, hereby certify that I am the parent/guardian of the above named child/children. Riverside Baptist Church has my full permission and consent to transport and otherwise provide transportation for my child by public transportation, van, bus, or other appropriate means of transportation in connection with activities. This permission shall be effective for Riverside Baptist Church programs in which my child/children enrolls. I have read the camp information and understand that deposits are non-refundable and agree to pay registration and camp fees.

Riverside Baptist Church may reproduce any photograph, slide/videos taken of us/our child/children for publicity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

If your child/children have any special needs that we need to be aware of indicate by checking the space provided. This will help us in daily communication between staff and child.

_____ Yes, my child has special needs. Please give a brief description

Disclosure Statement: The information requested on this form will remain strictly confidential and the property of Riverside Baptist Church Summer Camp. Personal information on this form will only be provided to the workers on an as needed basis.