

Registration Form: First Baptist Sunny Side Day Camp

June 11th - 15th , 2018 From 9:00 am to 2:30 pm

Camper's Name: _____ Grade Just Completed: _____ Birth date: _____

Camper's Street Address _____ City _____

Home Phone _____

Parent /Guardian Name: _____

Contact Phone: Cell _____

Email _____

Allergies: _____

Special Needs: _____

In case of emergency call (other than Parent / Guardians listed above)

Name: _____ Relationship: _____ Phone: _____

Who is authorized to pick up child: _____

Participation in any FBC Sunny Side Day Camp activities and the use of facilities involves risk of accidental injury despite all safety precautions. I/we assume all risks and hazards incidental to these activities and release from responsibility and agree to indemnify and hold harmless the FBC Sunny Side, it's officers, directors, employees and volunteers for any illness or injury to _____
occurring during his/her participation in day camp. (child's name)

In case of an emergency, I give permission to seek medical care. I accept all financial responsibility associated with such care. I agree to allow publication of any photos taken of my child while he/she is at camp.

(Parent/Guardian signature)

(print name)

(date)

Camp Fees: Camp is Free - A Ministry of the First Baptist Church of Sunny Side

(Please Mail this form to the First Baptist Church of Sunny Side P.O. Box 69 Sunny Side, GA. 30284)