Baptist Fellowship
FREE Summer Day Camps 2019

Vacation Bible School

Grades PreK-6th

July 15-19th

9 am—noon

Vacation Bible School Is a High Energy Day Camp Featuring:

Music, Crafts, Bible, Recreation, & More

Recreation Sports Camp

Grades 1-6th

July 22-25th

9 am—noon

This Is a Recreational Program with Activities Including: Basketball, Volleyball, Ultimate Frisbee, GaGa, 9-Square-In-the-Air, & More

SonQuest Rainforest and Recreation Sports Camp Are Programs of Baptist Fellowship of Columbia
195 Rte. 6, Columbia, CT 06237
For Registration Forms & More Information: baptistfellowship.life or 860-228-0102

Baptist Fellowship of Columbia 2019
FREE Summer Day Camps - Child Registration

I give my child(ren) permission to attend the following activity (please initial if yes):

_____ (Initial) SonQuest Vacation Bible School, July 15-19, 9 am- noon (Grades PreK-6th)

_____ (Initial) Recreation Sports Camp, July 22-25, 9 am- noon (Grades 1-6)

Contact Information

Mailing Address: _____

City/State/Zip: _____

Preferred E-mail: _____

Father's Name _____ Daytime # _____ (Cell/work/home)

Mother's Name _____ Daytime # _____ (Cell/work/home)

Alt. Contact _____ Daytime # _____ (Cell/work/home)

Home Church _____

As per church policy, all children sixth grade and below must be signed out of their classes at the end of the day by you or your designated representative (anyone other than parent or alternate contact requires a signed note).

Child Information

If your child has food allergies we STRONGLY RECOMMEND (s)he bring his or her own snack. Please note that the information you disclose on this form will be shared with staff as needed (e.g. teacher, snack, and recreation departments) and medical/disability information will be noted on the child's registration card and name badge.

Child 1 First Name: _____Last Name: _____ Gender: M/F

DOB: ___/___/____ Grade (2019-2020) ____ T-Shirt Size (Circle) YXS YS YM YL AS AM AL

_____ Allergies _____ Medical Conditions _____None

Allergies or other medical conditions (please explain):

_____

Child 2 First Name: _____Last Name: _____ Gender: M/F

DOB: ___/___/____ Grade (2019-2020) ____ T-Shirt Size (Circle) YXS YS YM YL AS AM AL

_____ Allergies _____ Medical Conditions _____None

Allergies or other medical conditions (please explain):

_____

Child 3 First Name: _____Last Name: _____ Gender: M/F

DOB: ___/___/____ Grade (2019-2020) ____ T-Shirt Size (Circle) YXS YS YM YL AS AM AL

_____ Allergies _____ Medical Conditions _____None

Allergies or other medical conditions (please explain):

_____

Child 4 First Name: _____Last Name: _____ Gender: M/F
DOB: ___/___/____ Grade (2019-2020) ____ T-Shirt Size (Circle) YXS YS YM YL AS AM AL
_____ Allergies _____ Medical Conditions _____None
Allergies or other medical conditions (please explain):

_____

Child 5 First Name: _____Last Name: _____ Gender: M/F
DOB: ___/___/____ Grade (2019-2020) ____ T-Shirt Size (Circle) YXS YS YM YL AS AM AL
_____ Allergies _____ Medical Conditions _____None
Allergies or other medical conditions (please explain):

_____

Permission

I, for and on behalf of my minor child do hereby release, forever discharge and agree to hold harmless Baptist Fellowship of Columbia, their pastors, leaders, and representatives thereof any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage or expenses, of any nature whatsoever which may be incurred by my child that occur while said child is participating in above described trip or activity. Furthermore, I on behalf of my child assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for my child. The undersigned further hereby agrees to hold harmless and indemnify said church, its pastors, leaders, and representatives for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. I also grant permission or photographs or audio/video recordings to be made of my child. Use of images or recordings shall be primarily, but not limited to, in-house publicity purposes, and may also be published or included on the Baptist Fellowship website without identifying information. I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in said event, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation or emergency surgery or medical treatment, and assume the responsibility or all medical bills. Further, should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

Signature: _____ Date ____/____/____

Printed Name: _____

Please send competed form(s) to: Baptist Fellowship, 195 Route 6, Columbia, CT 06237