

Older Camp

2018 Day Camp Registration Form Sixth-Eighth Grade Day Camp Office Phone Number 952-CAMP (2267)

Camper's Name _____

Age _____ Grade Entering _____ Gender _____
In Summer 2018 In Fall 2018

		*Regular Day	**Full Day	Deposit (Nonrefundable)	Balance Due
		8:45 am – 3:30 pm	7:00 am – 5:45 pm	\$30.00/Week	
Week #1	June 4-8	\$160.00 _____	\$185.00 _____	_____	_____
Week #2	June 11-15	\$160.00 _____	\$185.00 _____	_____	_____
Week #3*	June 18-June 22	\$185.00 _____	\$210.00 _____	_____	_____
Week #4	No Camp	NO CAMP			
Week #5	July 2-6 (Holiday)	\$150.00 _____	\$175.00 _____	_____	_____
Week #6*	July 9-13	\$185.00 _____	\$210.00 _____	_____	_____
Week #7*	July 16-20	\$185.00 _____	\$210.00 _____	_____	_____
Week #8	July 23-27	\$150.00 _____	\$175.00 _____	_____	_____
				Total Deposit Paid	_____
				Total Balance Due	_____

*A \$25.00 surcharge has been added to this week due to an increased ticket cost

Family Resource Center Yes No If (YES) Please Fill out contact's Name and # _____

One T-shirt per child is given at no-charge.
If supplies allow additional shirts may be purchased for \$10 from the registrar.

T-Shirt Size
Child S _____ M _____ L _____
Adult S _____ M _____ L _____ XL _____

This is how we will contact you throughout the summer. All newsletters and information will be sent to this email.
Please make sure it is current and legible.

Parent's Email: _____

Needed Information

Every camper who registers for Day Camp will receive a t-shirt this year, while supplies last. Campers will need to wear their shirts on trip days.

***Regular Day Camp**
Hours are from 8:45 am to 3:30 pm.

****Full Day**
We open at 7:00 am and close at 5:45 pm. This is considered Full Day. This is for those families who want to have their campers come before 8:45 am and/or stay later than 3:45 pm. (after 5:45 pm there will be a late charge of \$20 per hour)

Payment

This must be received *by/on* the **Monday** of the starting week. Payments can be made during camp hours in the Day Camp office. 7:00am to 5:45pm

Credit Card and Cash Accepted
Checks will not be accepted

Day Camp is a ministry of Quail Lakes Baptist Church and is not a licensed day care.

QUAIL LAKES BAPTIST CHURCH DAY CAMP MEDICAL AND LIABILITY RELEASE

Camper's Name _____ M ____ F ____

Address _____ City _____ Zip _____

Date of Birth _____ Grade in Fall 2018 _____

Contact #1 _____ Day or cell Phone _____ Night Phone _____

Contact #2 _____ Day or cell Phone _____ Night Phone _____

In case of an emergency, an additional person to contact is:

Name _____ Day Phone _____ Night Phone _____

HEALTH HISTORY

Any swimming restrictions: Yes _____ No _____ Explain _____

Any activity restrictions: Yes _____ No _____ What restrictions: _____

Name and dosage of any medications that must be given during the day: _____

Quail Lakes Baptist Church's insurance is only **secondary insurance**. In case of emergency you will be contacted immediately. If you have medical insurance, your carrier will be billed for charges in case of illness or injury while your child is at camp.

Do you have health insurance? Yes _____ No _____ Please give name and address of insurance company:

Insurance Company _____ Policy Number _____

Address _____

UNDERSTANDING AND AGREEMENT

In order to ensure that every camper has the greatest experience possible, we ask for full participation from everyone. This includes: singing songs, listening to instructions, being involved in the activities, trying to get along with others, having a positive attitude, and respecting the leadership. Each week is specially designed, and yet some activities are repeated. We want each camper to have an incredible, valuable, and memorable week. I understand and request that the supervisors of Day Camp carry out any discipline, if necessary, and that I will either pick up my child or pay for any extra expenses of my child being sent home due to disciplinary action.

Parent/Guardian's Signature _____ Date _____

MEDICAL RELEASE

In the event I cannot be reached in an emergency during camp, I hereby give permission to the physician or dentist selected by Quail Lakes Baptist Church to hospitalize, to secure treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

LIABILITY RELEASE

We feel that our campers are safe and well supervised at all times. However, no recreational activities are without the possibility of unforeseen hazards. All recreational activities have the inherent possibility of injury to person and property. We want to alert parents and guardians to this fact. It is impossible to list all such risks. Some of our activities include: swimming, strenuous games, ropes course, archery, boating, bowling, roller skating, playground equipment, activities on special trips (as listed in the brochure), cooking, and others. The parents or guardians understand that they are signing for the minor listed above on this form and they further understand that signing this liability release constitutes a full and complete release from liability insofar as Quail Lakes Baptist Church is concerned and an agreement to hold the church and other acting special trip organizations harmless and relieved of injury to your child.

Parent/Guardian's Signature _____ Date _____

I give permission for my son/daughter _____ to attend Quail Lakes Baptist Church Day Camp and I agree to all of the above stated information.

Print Name _____ Relationship to child _____