

## Ignite Camps Registration Form

New Beginnings Baptist Church

Camp Year: 2008-2009

Parent/Guardian

Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Church: \_\_\_\_\_ Email: \_\_\_\_\_

Person(s) other than parents authorized to pick up children:

Emergency contact during camp time other than parents:

Family Physician and Dentist including phone numbers:

Medical (allergies, special needs)

Child's name: \_\_\_\_\_ Allergy/need: \_\_\_\_\_

Child's name: \_\_\_\_\_ Allergy/need: \_\_\_\_\_

<u>Child's Name (First, Middle, Last)</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Youth tshirt size (\$10)</u>			
1. _____	_____	_____	Sm	Med	Lg	XL
Jr. Cadets (Purple/ 3s-4s)	Cadets (Orange/K-1)	Troopers (Yellow/2-3)	Rangers (Green/4-5)	1st Officers (Blue/6)		
2. _____	_____	_____	Sm	Med	Lg	XL
Jr. Cadets (Purple/ 3s-4s)	Cadets (Orange/K-1)	Troopers (Yellow/2-3)	Rangers (Green/4-5)	1st Officers (Blue/6)		
3. _____	_____	_____	Sm	Med	Lg	XL
Jr. Cadets (Purple/ 3s-4s)	Cadets (Orange/K-1)	Troopers (Yellow/2-3)	Rangers (Green/4-5)	1st Officers (Blue/6)		
4. _____	_____	_____	Sm	Med	Lg	XL
Jr. Cadets (Purple/ 3s-4s)	Cadets (Orange/K-1)	Troopers (Yellow/2-3)	Rangers (Green/4-5)	1st Officers (Blue/6)		
5. _____	_____	_____	Sm	Med	Lg	XL
Jr. Cadets (Purple/ 3s-4s)	Cadets (Orange/K-1)	Troopers (Yellow/2-3)	Rangers (Green/4-5)	1st Officers (Blue/6)		
6. _____	_____	_____	Sm	Med	Lg	XL
Jr. Cadets (Purple/ 3s-4s)	Cadets (Orange/K-1)	Troopers (Yellow/2-3)	Rangers (Green/4-5)	1st Officers (Blue/6)		

Terms and Conditions

- 1) I understand that my child/children may participate in physical activities such as those held during recreation time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, New Beginnings Baptist Church and any persons involved in the Camp ministry.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the Camp volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.
- 3) I grant permission for a photo or video of my child to appear in an unpublished camp directory to be used by Ignite Camp leaders only. I also give permission for photos or videos of my child to appear among other general camp photos or videos as long as there is no identifying information shown.
- 4) I grant permission for my child to travel to/from Camp events with an adult leader. Any such event will be clearly communicated with me beforehand.

I have read and agree to the Terms and Conditions stated above:

\_\_\_\_\_ Date \_\_\_\_\_

If you have difficulty handling the cost of your child's participation in Ignite Camps (tshirts) please see the Camp Director. It is our strong desire that no child be kept out of Ignite Camps because of financial burden. We will work with you on payment. Talk to us for details if this is a problem for you or your family.

**Office Use:**

Total Amount Due for Tshirts: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Balance: \_\_\_\_\_

Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Sponsorship Requested Y N

Sponsorship Approved Y N

Amount Approved \$ \_\_\_\_\_