

# CHILDREN'S CAMP REGISTRATION FORM

June 27-30, 2011  
Timbercreek Camp, Pulaski, MS

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade just completed \_\_\_\_\_

Parents \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency names and phone

numbers : \_\_\_\_\_

T-shirt size (Circle one:) Y-sm Y-md Y-lg Y-xlg A-sm A-md  
A-lg A-xlg

Church child attends \_\_\_\_\_ Does child attend  
regularly? \_\_\_\_\_

Is child enrolled in Sunday School? \_\_\_\_\_ Has child accepted Jesus as  
his/her

personal Savior? \_\_\_\_\_ When? \_\_\_\_\_ Has this decision been made  
public? \_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Allergies \_\_\_\_\_

Physical limitations \_\_\_\_\_

What does your child take for headaches?

Stomach aches? \_\_\_\_\_ Others (be specific) \_\_\_\_\_

Medical needs \_\_\_\_\_

Medical insurance carrier and policy number

\_\_\_\_\_

Will your child need medicine while at camp? \_\_\_\_\_ Complete the medication form for any \_\_\_\_\_

Medication you will be sending. All medications should be clearly labeled and turned in at the time of departure for camp.) Extra forms will also be available that day if needed.

Describe your child's swimming level/ability

What are your goals for your child as he/she attends this camp?

\_\_\_\_\_

\_\_\_\_\_

Is there anything we need to know that would help us best meet the needs of your child?

\_\_\_\_\_

\_\_\_\_\_

Does your child have a roommate choice?

\_\_\_\_\_

Please sign the Permission Form on the back of this page and return your registration form to Barbara Harrison in the Children's Ministry Office at the church on or before June 3, 2011. \_\_\_\_\_

### Permission & Medical Forms

I, \_\_\_\_\_, give my child \_\_\_\_\_, permission to ride transportation provided by Colonial Heights Baptist Church, (The Church) and/or its representatives to and from The Church's activities, and to attend and participate in The Church's activities.

I give The Church permission to seek emergency medical care for my child should it become necessary and I am unable to be reached. Further, I release The Church and/or its representatives from any and all liability and agree to hold The Church harmless from any and all liability associated with my child's participation in church transportation, church activities, or emergency medical care.

I do hereby attest to the above statements with my signature on this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_ Address

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

\_\_\_\_\_  
Witness Signature

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**CHBC Staff may photograph my child. I understand that some of these photos  
(without names) may be placed on the CHBC website.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**Colonial Heights Baptist Church  
Children's Ministries  
Medication Form**

Name of Child \_\_\_\_\_

Name of Medication(s) \_\_\_\_\_

Times to be given: \_\_\_\_\_

I authorize the Children's Ministry personnel of Colonial Heights Baptist Church to administer the above medications from \_\_\_\_\_ until \_\_\_\_\_.

(Date)

(Date)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

