

# 2017 SUMMER DAY CAMP REGISTRATION AND MEDICAL AUTHORIZATION

## REGISTRATION FORM

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

STUDENT'S HOME PHONE: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_ GRADE IN AUG. 2017 \_\_\_\_\_

STUDENT'S T-SHIRT SIZE: (Circle appropriate size) Youth: **Small, Medium, Large, Extra Large**

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
(If different than the above) City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Phone #'s Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
(If different than the above) City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phone #'s Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Who has legal custody of the child for whom application is made? \_\_\_\_\_

If only one parent has custody, a copy of the appropriate documents must be furnished and on file at the school before the first day of Summer Day Camp. Please circle the weeks below that you know your child will be attending Camp. The parent in custody is responsible for payment for the weeks circled, and payments are non-refundable.

### **2017 SUMMER CAMP WEEKS**

(Please circle the weeks you are enrolling your child.)

**May 30 - June 2**

**June 5 - 9**

**June 12 - 16**

**June 19 - 23**

**June 26 - 30**

**July 3 - 7 (M, W, Th, F)**

**July 10 - 14 (1st-6th \$85)**

**July 17 - 21**

**July 24 - 28**

**July 31 - Aug. 2 (\$85)**

**NOTE: If you choose to enroll for the entire summer, the cost for each week is \$150 and will be billed in two payments on May 30 and July 3.**

**If you choose to come on a week by week basis, the cost is \$170 per week. This fee is due each Monday.**

***For 1st-6th grades, the week of VBS and the last week of camp are \$85.***

***For K3-K5, the last week is \$85.***

**Submit this Registration Form and Registration Fee of \$50.00 right away for a secured spot for your child. This fee is non-refundable.**

**PICK UP AUTHORIZATION AND EMERGENCY CONTACTS**

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

Child's Doctor \_\_\_\_\_ PHONE # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Does your child have any medical conditions that we should know about? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list or describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FIELD TRIP PERMISSION FORM AND MEDICAL AUTHORIZATION**

My child has permission to accompany Hillsdale Christian Academy and Preschool Summer Camp on all summer field trips, and I understand that in the event my child requires medical treatment while engaged in a Hillsdale Baptist Church approved activity, reasonable efforts will be made to contact me.

However, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me. Hillsdale Baptist Church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide coverage and the ministry's medical hospitalization coverage (subject to exclusions, limitations, and provisions in the ministry's policy) may provide secondary or excess coverage.

I agree and consent to any x-ray exam, injections, anesthesia, medical, dental or surgical diagnosis, treatment and hospital care, treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where services are rendered, either as an outpatient or in any hospital.

I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

Parent's Signature: \_\_\_\_\_

State of Florida, County of: \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_  
(name of parent or guardian)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary printed name

\_\_\_\_\_  
ID Produced