

Camper Name: _____ SSBC Camp Unplugged Registration Form Age: _____

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2011) _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

Camper Name: _____ SSBC Camp Unplugged Registration Form Age: _____

I understand that the St Stephen Baptist Church nor SSBC Camp Unplugged will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

FEE INFORMATION - \$50 REGISTRTION FEE

CAMP COST - \$160.00 PER WEEK

Please select your child's tee shirt size _____ Small _____ Medium _____ Large Youth or Adult

Before/After School Before care _____ After Care _____ Both _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during SSBC Camp Unplugged. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Trenton Youth Filmmakers Mini-Camp and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **SSBC Camp Unplugged** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

ACTIVITY PROGRAM/FIELD TRIP LIABILITY RELEASE AUTHORIZATION

I hereby represent and warrant that if the participant is a minor, I am his/her guardian and authorized to provide the release authorization, and permissions as stated below and all information above is accurate and complete. I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles (church buses) and agree to release St. Stephen Baptist Church, SSBC Summer Camp, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in the program stated above. Unless otherwise indicated by a parent/guardian in writing at the time of registration, photographs, of participants for use in church publications may be taken while participating in the program activities. No personal information other than the participant's first name will be released under any circumstances except as required by law. By way of copy of this form, I authorize the staff of the St. Stephen Baptist Church and SSBC Summer Camp to obtain medical/hospital treatment for the above participant in the event of an emergency and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

The St Stephen Baptist Church nor SSBC Camp Unplugged are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____