



Kidz Kamp 2017

- K1 - July 30th - Aug. 2nd, 2017
If we get enough registrations in May to hold this week.
- K2 - August 2nd - 5th, 2017

REGISTRATION FORM

Medical Release

I am the parent or legal guardian of _____
I authorize Kidz Kamp personnel to transport my child and consent to medical examination or treatment as needed in the judgment of the Kidz Kamp Nurse and/or Kamp Staff.

Parent or Guardian Signature: _____

INFO Section

Name: _____

Address: _____

City: _____ Zip: _____

Telephone #: (____) _____ - _____

E-Mail: _____

Local Church you are coming with:
First Baptist Church of Vilonia

Age: ____ Grade Completed: ____ Gender: ____

Shirt Size: YM YLg AdSm AdM AdLg AdXLg

Are you an adult willing to help with recreation? Yes

*** Registration Costs ***

If you register by June 25th, 2017 - \$75.00*

****FBC Vilonia will pay for \$45.00 of the camp fee for regular attenders of FBCV. (\$120 - \$45 = \$75)***

For non-attenders of FBC Vilonia, the cost is \$120. Everyone who registers after June 25th and if space is available, a \$25.00 late fee will be applied.

Each camper must fill out this form and return it to your Children's Pastor along with camp fees. Camp shirts are free to those who register by June 25th.

Medical Section

Name: _____

Home Phone: (____) _____ - _____

Mobile Phone: (____) _____ - _____

Emergency Phone: (____) _____ - _____

Emer. Contact: _____

Insurance Company: _____

Policy #: _____

Allergies: _____

Date of birth: ____ / ____ / ____

Family DR. _____

DR.'s Phone #: (____) _____ - _____

Medications sent or needed at Kamp:

I agree to dress appropriately while at Kidz Kamp. I will follow the directions of Kamp Staff. I will not fight or be disrespectful, nor will I be anywhere I am not supposed to be. I will have a great week and learn about the one who gave His life for me. I will let Jesus change my life this week.

Student Signature: _____ Witnessed by Parent: _____