

Return this part with payment (cash or check) to:

Vysotskaya Nadia (971)-218-4557

Make Check Payable to FSBC, with a note "Kids Camp"

WE WILL NOT ACCEPT APPLICATION WITHOUT PAYMENT

A separate application needs to be filled out for each child

John Doe 123 Main St Anywhere US 10111	Date _____	790 1-678/1239
PAY TO THE ORDER OF <u>FSBC</u>	_____	<input type="text"/>
_____	_____	DOLLARS
Your Bank 356 Main St Anywhere US 10111	MEMO <u>Kids Camp</u>	_____
⑆ 123956789 ⑆	⑆001001239 ⑆	0790

Camp Rates: \$180.00 for members;

\$200.00 for guests.

Registration for guests begins June 4,

Deadline: June 18, 2023



FIRST SLAVIC BAPTIST CHURCH

Camper Registration Form

1. Campers Information

Last name _____

First name _____

Date of Birth ____ / ____ / ____ Gender: ___ Male ___ Female

T-Shirt Size: Kids S M L XL XXL

Adult S M L XL XXL

Does your child know how to swim? Yes No

2. Parent/Guardian Information:

(1) Father/Guardian Name _____

Phone # _____

(2) Mother/Guardian Name _____

Phone # _____

Name of Additional Emergency Contact _____

Relationship to Camper _____

Phone # _____

3. Health History:

Does your child have any allergies related to food, medicine, insect bites, etc. of which we need to be notified? YES NO

If yes, please list and explain in detail:

Does your child have any health conditions such as heart conditions, asthma, diabetes, etc. of which we need to be notified? YES NO

Will the camper need to take medication while at camp? YES NO
If yes, please indicate what medicine? How many (pills)? How often?
Reason for meds. *(Use additional sheet and attach if necessary)*

ALL MEDICINES MUST BE SENT IN THE ORIGINAL CONTAINER!!!
THIS INCLUDES ANY NON-PRESCRIPTION DRUGS

RELEASE

I, parent or guardian, hereby give approval for my child to attend FSBC Kids Camp and relieve FSBC, all affiliated staff, and volunteers from any and all liability for sickness, accidents, or injuries while attending or being transported to/from the camp facilities. In the event of an emergency during which I cannot be reached, I give my consent to the Camp Director and the Camp Medical Nurse to authorize medical help on site or at an appropriate medical facility.

Furthermore, I agree to assume all responsibility for my child’s actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse of my child.

Parent or Legal Guardian (please print name)

Signature of Parent or Legal Guardian

Date