

2010 Kingdom Kids Circus Day Camp Registration

July 15, 2010

Clarksburg Baptist Church
Registration begins at 2:00PM
(1st+2nd Grade Students)

Name _____ Church _____

Address _____ City _____ Zip _____

Home Phone () _____ Grade Next Year _____ Male _____ Female _____

DOB (mo/day/yr) _____ / _____ / _____

T-shirt size _____ Child -or- Adult

Parent/Legal Guardian Name: (1) _____

Home # () _____ Work # () _____ Cellular # () _____

(2) _____

Home # () _____ Work # () _____ Cellular # () _____

Person to notify in case of emergency: Name _____ Phone # () _____

Child's Physician _____ Phone () _____

Date of Last Tetanus Shot: _____ Current medication being taken? _____

ALL MEDICATION MUST BE ADMINISTERED BY PARENT BEFORE/AFTER DROP OFF

Allergies/Reactions:

Foods _____ Penicillin or other drugs _____

Stings/bites _____ Poison ivy, oak or sumac _____

Any other concerns? _____

PERMISSION FOR MEDICAL TREATMENT

My permission is granted for the Camp Director or Staff in charge to obtain necessary medical attention in case of injury or sickness to my child, understanding that **camp leaders will call phones listed above before seeking outside treatment.** I verify that the above information is correct and release the Concord Baptist Association and Staff from any and all claims of damage or injury while participating in camp.

Health Insurance Company _____ Policy # _____

Address _____

Signed by Parent or Legal Guardian _____

Date _____

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