

LIFE CHRISTIAN ACADEMY DAYCAMP 2019 REGISTRATION FORM

Date _____

Please circle your plan:

Weeks of Camp
 5/28 6/3 6/10
 6/17 6/24 7/1
 7/8 7/15 7/22
 7/29

Full Time Part Time (1-2 days)
 M T W Th F

Immunization Record Included:
 Yes No

1. CHILD'S NAME _____ Age _____ Sex: M F
 Birthdate: ____/____/____ T-Shirt Size: (youth) S M L (adult) S M L XL

2. CHILD'S NAME _____ Age _____ Sex: M F
 Birthdate: ____/____/____ T-Shirt Size: (youth) S M L (adult) S M L XL

3. CHILD'S NAME _____ Age _____ Sex: M F
 Birthdate: ____/____/____ T-Shirt Size: (youth) S M L (adult) S M L XL

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email address: _____

We must have work numbers for emergency reasons.

Father's Name _____ Employer _____ Phone _____

Cell Phone _____

Mother's Name _____ Employer _____ Phone _____

Cell Phone _____

Alternate(s) for Pick-up _____

EMERGENCY CONTACT: Responsible adult to contact if parent cannot be reached.

Name _____ Phone _____ Cell Phone _____

Physician _____ Phone _____

Physical Impairments _____

Medications _____

MEDICAL EMERGENCY RELEASE

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge at Life Christian Daycamp to transport the child(ren) listed above to St. Anthony's Emergency/nearest medical facility and/or call our family physician,

Dr. _____, at (405) _____.

It is my understanding that the policy of the Daycamp is to make no refunds. I give Life Christian Daycamp my permission for my child(ren) to take part in all camp activities, including bus trips, sports activities, and camp sponsored trips away from the camp premises. I also believe that discipline is necessary for the welfare of each camper, as well as for the entire camp. I give permission for my child's teacher and/or other agent of the camp to make and enforce regulations in a manner consistent with Christian principles and discipline as set forth in Scripture. I further agree to hold the camp and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the camp or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Life Christian Daycamp, I agree to pay the legal expenses and any other costs that Life Christian Daycamp, or its agent should incur to defend itself against such action. This statement of cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Life Christian Daycamp.

Parent/Guardian's Signature: _____ Date: _____

FINANCE OFFICE USE ONLY

Date _____

Registration \$ _____ First Week of Camp \$ _____ Total Payment: \$ _____ Check# _____

Received T-Shirt _____ Immunization Record Received _____ Up-to-Date _____

FORMS RECEIVED: Registration Form _____ Initial Form _____ Compliance Form _____ Medication Form _____