**Registration for “Power Up!” Summer Camp**

**(Tuesday – Saturday, Aug 6-10, 2019)**

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_ Mobile Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_  
Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Alternate Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_

**Please complete below for each child you are enrolling:**

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (circle): M F

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_ Grade (in September) \_\_\_\_\_

Will your child be able to attend all 5 days (circle)? Y N \*Priority to full time campers\*

If not, which days will he/she miss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health concerns (Allergies/Special Needs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (circle): M F

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_ Grade (in September) \_\_\_\_\_

Will your child be able to attend all 5 days (circle)? Y N \*Priority to full time campers\*

If not, which days will he/she miss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health concerns (Allergies/Special Needs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (circle): M F

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_ Grade (in September) \_\_\_\_\_

Will your child be able to attend all 5 days (circle)? Y N \*Priority to full time campers\*

If not, which days will he/she miss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health concerns (Allergies/Special Needs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Children’s Registration Closes July 19, 2019\*

**Please complete the back side of this page ->**

Oakridge Baptist Church (the “Church”) requires the parent or guardian of every child attending Vacation Bible School during August 6-10, 2019 (the “Child”) to complete all of the following:

**Media release**

Staff and volunteer of the Church will photograph (and sometimes record) individual students and groups of students. The posting of these pictures is limited to the Church itself, the Church’s website, and promotional material (e.g. flyers that promote a specific event). Therefore, students’ photographs and work may be posted for the public to see. Please review and **select** the options below for your level of consent (Please note, if consent is not given, any posted photos that include your Child will not have his/her face in full view). **CHOOSE ONE:**

**Maximum level:** Yes, I give consent for the posting of my child’s photo and work to be posted within the church, the church’s website and promotional material.

**Medium level:** Yes, I give consent for the posting of my child’s photo and work to be posted only within the church (e.g. in-church bulletin boards, slide shows, etc.).

**No consent:** No, I do not permit the posting of my child’s photo or work to be posted within the church, the church’s website or promotional material.

**Field trip**

Staff and volunteer of the Church will walk groups of students to Tisdall Park (behind the Church) to play in a designated area on the fields and the smaller playground. Please review and **select** the options below for your level of consent. **CHOOSE ONE:**

Yes, I give consent for my Child to go to and play at Tisdall Park and I will not hold the Church responsible for any injury or loss that may occur despite the Church’s supervision.

No, I do not permit my Child to go to Tisdall Park. My Child shall stay at the Church to participate in an alternative activity.

**Alternative pick-up arrangement**

If applicable, please write the name of the person you authorize to pick-up your Child on your behalf at the end of the camp each day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your signature**

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Parent”)

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_