

## FPC VBS/Games Camp Registration 2021

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Male \_\_\_ Female \_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 1, 2021) \_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**Parent/Guardian - Contact Information****Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail \_\_\_\_\_

Child lives with: \_\_\_\_\_

**Emergency Contact Information****Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Please list people in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e., Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

**TUITION INFORMATION**

- **Games Camp \$40--All camp fees are due by June 1st, 2021 (Scholarships available, contact Liz or Geri for scholarship questions.)** *For office only: Paid \_\_\_\_\_ Date payment received \_\_\_\_\_ CK# \_\_\_\_\_*
- **Vacation Bible School is free, no cost for participants.**

**Terms of Agreements:**

**Trip Release**

My (our) child has my (our) permission to participate in Games Camp and/or VBS with FPC of Wichita, Kansas. I (we) hereby absolve and release chaperones and the First Presbyterian Church of Wichita, Ks. and its authorized agents from any claim which might result from an accident or injury sustained by my child while traveling in a vehicle (rental, church-owned, or private) provided by FPC Wichita, Ks in these summer camps. I (we) acknowledge that medical expenses for my child while involved in these activities are my (our) responsibility and release the chaperones and the First Presbyterian Church of Wichita, Ks. and its authorized agents from obligation to pay these expenses.

Parent/Guardian Initials \_\_\_\_\_

**Photo Release**

I hereby give permission for my child to be photographed during 2021 First Presbyterian Wichita, Ks. Games Camp and VBS. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, and that all photos are the property of First Presbyterian Church - Wichita.

Parent/Guardian Initials \_\_\_\_\_

**Medical/Personal Property Release**

First Presbyterian Church and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician). In the event that medical help is needed I (we) give permission to the physician selected by the adult leaders to hospitalize, secure proper treatment for, use ambulance, and to order injection, anesthesia, and/or surgery for my child. I understand that I will be notified in the case of a medical emergency involving my child.

**By signing below, I (we) agree to all the Terms of Agreements.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**Please check the camp/camps your child will be attending.**

Attending VBS\_\_\_\_\_

Attending Games Camp\_\_\_\_\_