



2020 FCS Summer Day Camp Registration Form

___ June 8-12 ___ June 15-19 ___ June 22-26 ___ June 29 – July 3 ___ July 6-10
 ___ July 13-17 ___ July 20-24 ___ July 27-31 ___ August 3-7
 T-Shirt Size: XS YS YM AS AM AL

APPLICANT'S INFORMATION:

Last Name _____ First _____ Middle _____ Preferred Name _____
 Street Address: _____ City _____ County _____ Zip _____
 () Male () Female Age: _____ Grade entering in the fall: _____

FAMILY INFORMATION:

Father's Name: _____ Email: _____
 Home # _____ Mobile # _____ Work # _____
 Mother's Name: _____ Email: _____
 Home # _____ Mobile # _____ Work # _____

EMERGENCY AND MEDICAL INFORMATION:

Emergency contact #2 (**other than parents**): _____ Contact's relationship: _____
 Home Phone # _____ Mobile Phone # _____
 Health insurance carrier _____ Policy # _____
 Under name of: _____ Relationship _____

Are there any allergies (list reaction) or special conditions about which the camp needs to be informed? () Yes () No
If so, please explain:

My child takes prescription medication on a daily basis. (list)

PICK UP PERMISSION

Name: _____ Contact's relationship: _____
 Name: _____ Contact's relationship: _____

I give permission for my child to participate in all camp-sponsored trips away from the camp premises throughout the Summer Day Camp, including field trips, sports, and all recreational activities. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given notice of all trips away from the Camp premises.

Although the camp desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Friendship Christian School, its affiliated organizations, employees, agents, and representatives, including volunteers and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proven in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the camp contact me/us. If the camp cannot reach a parent/guardian after conscientious effort, I/we give permission for camp staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for camp staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

I/we agree to follow all camp written policies including discipline, dress standards, and financial policies.

I/we agree that attendance at the camp is a privilege, not a right. This privilege may be forfeited by any student, or parent of a student, who does not conform to the standards and policies of the camp.

Father/Guardian's Signature Date

Mother/Guardian's Signature Date