

# WEST PARK BAPTIST SUMMER DAY CAMP

Form for TEENS 13-15

Weeks must be circled

Spaces fill up fast!

Circle desired weeks

Summer 2018

*Our 35th Year*

June 4-8: Florida July 9-13: Western

June 11-15: Bible July 16-20: Olympic

June 18-22: Creation July 23-27: Inventor/Explorer 1<sup>st</sup> Camper- \$100.00 2<sup>nd</sup> Camper- \$70.00

Jun 25-29: Career July 29 Aug 3 International 3<sup>rd</sup> Camper- \$40.00 4<sup>th</sup> Camper- \$30.00

July 2-6: Patriotic Aug 6-10 Carnival

Closed 4th

**\$50.00 Registration per Camper**

4004 W. Lake Ida Road  
Delray Beach, FL33445

**(561) 495-2107**

**Fax (561) 638-5825**

Early care (before 8:00 AM) or late stay (after 5:30PM) charge 2.00 for every 15 minutes.

A person may attend for one day for \$30.00. This allows you to try the camp before committing to a full week.

**Any camper attending more than one day in the same week must register and pay for the full week.**

**Office Use Only:** Date Registered: \_\_\_\_\_ Reg. Fee paid: cash amount \_\_\_\_\_ Receipt# \_\_\_\_\_ check# \_\_\_\_\_ Amount: \_\_\_\_\_ INT: \_\_\_\_\_

**PLEASE PRINT:** E-mail : (optional but helpful)

Camper's Name:		Boy /Girl (Circle One)	Age:	Grade in Fall:	
Address:		Home Phone #:			
City ,State, Zip:		Birthday:			
School last attended:		Church Preference:			
Father's Name:		Mother's Name:			
Cell #		Cell #			
Employed By:		Employed By:			
Work Phone #:		Work Phone #:			
Living with child?	YES	NO	Living with child?	YES	NO

**PERSON(S) AUTHORIZED TO CARE FOR CHILD IN EMERGENCY IF PARENT(S) CANNOT BE REACHED (REQUIRED):**

1 <sup>st</sup> NAME (REQUIRED):	Phone:
2 <sup>nd</sup> NAME (REQUIRED):	Phone:
Child's Doctor (REQUIRED):	Phone:

I give WPBC permission to give my child \_\_\_\_\_ Acetaminophen for (reasons) \_\_\_\_\_  
 \_\_\_\_\_ Benadryl for rashes or insect bites \_\_\_\_\_ Use Peroxide \_\_\_\_\_ Antibacterial Ointment for cuts /scrapes.

**MEDICAL CONDITIONS WE NEED TO BE AWARE OF (allergy, history of medical problems, etc.):**

--	--	--	--

**PERSON(S) OTHER THAN PARENTS PERMITTED TO PICK UP CHILD FROM CAMP: Name & Phone # (REQUIRED)**

Name
------

**We seek to provide the best summer recreational program for each camper at the most reasonable rate. Our goal is to teach, entertain and serve your children. By completing this registration form, you'll help us get better acquainted with your child and hopefully provide one of the best summer experiences of their life.**

**Camper's Code of Conduct: As a camper, I agree to....**

1. Respect and obey all camp staff.
2. Respect the property of others.
3. Only use words that are polite
4. Stay with my group or in my designated area at all times.
5. Not bring to camp, nor have in my possession, any object that would be harmful or a distraction to others.
6. Not push, hit, or inappropriately touches another camper.
7. Play games in a fair manner by demonstrating good sportsmanship.
8. I will attend a church or religious house of my choice at least once a week.

\*I understand that if I do not obey the rules, my parents will be notified. I know that following these guidelines will benefit all and will be a positive reflection on my family and myself.

**TURN OVER PLEASE....**

**WEST PARK BAPTIST SUMMER DAY CAMP \* 561-495-2107 \* TEEN 13-15 FORM**

**MEDICAL AUTHORIZATION:**

In case of accident or serious illness we (I) request the camp to contact me. If the camp is unable to reach us (me), we (I) hereby

authorize the camp/church to call the physician indicated or other emergency personnel. We (I) further authorize the attending health facility and professionals to provide medical treatment as deemed necessary, and we (I) will undertake full financial responsibility for the same.

\_\_\_\_\_  
**(Both parents' initials required)**

**PHOTO RELEASE:**

We (I) agree to give WPBC permission to use my child's photo likeness in publications and advertisement, and social media promotions for the camp.

\_\_\_\_\_  
**(Both parents' initials required)**

**FIELD TRIP AUTHORIZATION:**

My child has my consent to participate in any official class/camp trip away from West Park Baptist Church campus, supervised by the camp staff and other parents. This includes consent for my child to be transported by church/camp vehicle, charter bus, and/or private vehicle to and from campus.

\_\_\_\_\_  
**(Both parents' initials required)**

**DISCIPLINE STATEMENT:**

We (I) understand that disciplinary measures may include rewards, verbal corrections, sit down time or time out, and gain or loss of privileges. That parent will be notified in the case of serious or repeated offenses. We (I) understand that the camp reserves the right to dismiss any camper for flagrant and/or continuous rule violations. If necessary, we (I) may be asked to temporarily or permanently remove my child(ren) from camp.

\_\_\_\_\_  
**(Both parents' initials required)**

**NUTRITIONAL AGREEMENT:**

We (I) agree to provide adequate, nutritional lunches for my child (ren) whenever he/she stays after 12:00 p.m. We further agree that if for any reason our child does not have a lunch, the camp may provide a lunch at our expense.

\_\_\_\_\_  
**(Both parents' initials required)**

**LEGAL STATEMENT OF COOPERATION:**

Should any legal action, for any reason, be taken against West Park Baptist Day camp, West Park Baptist Church of Delray Beach, Florida, Inc. any employee, any agent thereof, or any third party, on my child's behalf, and the camp/church, or its agents, or any third party not be found at fault, we (I) agree to pay any attorney fees, court fees, damages or other costs that West Park Baptist Church/West Park Baptist Day Camp or its agent or any third parties should incur to defend itself against such action. We (I) hereby release West Park Baptist Church /Camp of any liability as a result of our (my) child (ren) attending camp.

\_\_\_\_\_  
**(Both parents' initials required)**

**POLICY AGREEMENT:**

We (I) have read the program information and rules. Therefore, we (I) agree to have our children cooperate with the camp staff in all areas and will encourage them to participate in all camp activities.

\_\_\_\_\_  
**(Both parents' initials required)**

In order to help keep our operating cost low, we need to know what forms of advertising are the most effective. Please indicate how you heard of West Park Baptist Summer Day Camp.

WORD OF MOUTH      DOOR TO DOOR FLYER      INTERNET      SCHOOL FLYER  
YELLOW PAGES      NAME OF FRIEND WHO REFERRED YOU \_\_\_\_\_      OTHERS \_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURES ARE REQUIRED.**

FATHER: \_\_\_\_\_

DATE: \_\_\_\_\_

MOTHER: \_\_\_\_\_

DATE: \_\_\_\_\_

GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

*Please note that the individuals whose signature is above is responsible for any and all financial obligations created by the above registered child(ren) attending West Park Baptist Summer Day Camp. FIELD TRIP COST NOT INCLUDED IN WEEKLY FEES.*