

# Northwest Baptist Church's Bible Day Camp 2010



When: June 21st – 25th  
9:00 a.m. – 1:30 p.m.

Where: a free week-long camp  
held at Northwest Baptist  
Church in Reisterstown

What: exciting sports and arts  
inspired Bible lessons with the  
camp of your choice

Cost: \$0 (breakfast and lunch  
included)

How: complete and send to  
Northwest Baptist Church  
P.O. Box 372  
Reisterstown, MD 21136  
Fax 410-833-7399

**Basketball**

**Cooking**

**Flag Football**

**Soccer**

**Theater**

**Softball**

**Rec Games**

**Cheerleading**

**Dance**

**Baseball**

**Art**

Questions: 410-833-7220 or [www.northwestbaptistmd.org](http://www.northwestbaptistmd.org)

# Northwest Baptist Church's 2010 Bible Day Camp

## DIRECTIONS:

Please fill out all forms completely. Incomplete forms will **NOT** be accepted. Camp is for children who are entering **FIRST** through **SIXTH** grades **ONLY**. Confirmation letters will be sent out **3-4 days** prior to the start of camp.

Name of Camper \_\_\_\_\_ Male/Female \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Parent(s) Home Phone \_\_\_\_\_

Parent(s) Work Phone \_\_\_\_\_

In Case of Emergency, Contact \_\_\_\_\_ at \_\_\_\_\_

Name of Person(s) Who Will Be Picking Up Your Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Grade Entering \_\_\_\_\_

Name of Home Church (If Any) \_\_\_\_\_

Donation Included? \_\_\_\_\_ (Amount) (Cash accepted or check payable to NWB Church- BDC)

Do You Need Transportation To and From Camp? Yes or No (circle one)  
(ONLY for those in Reisterstown area who have **NO** other means of transportation)

T-Shirts will be sold starting on the first day of camp for \$6.00 on a first come first served basis. Do not include t-shirt money with your application.

Camp Program Preference: (rank 1 through 4, with 1 being your first preference)

Art \_\_\_\_\_ Theater \_\_\_\_\_ Softball \_\_\_\_\_ Baseball \_\_\_\_\_ Soccer \_\_\_\_\_

Basketball (Grades 4-6) \_\_\_\_\_ Cheerleading \_\_\_\_\_ Flag Football \_\_\_\_\_ Cooking \_\_\_\_\_

Recreational Games (Grades 1-3) \_\_\_\_\_ Dance (Grades 1-3) \_\_\_\_\_

## **Bible Day Camp Permission to Transport Child**

(must be signed)

I understand that a portion of my child's camp experience will require that he/she be transported by bus or van to Franklin Middle School. I give the Camp permission to transport my child to and from the school during the camp week of June 21-25, 2010. Drivers have a CDL.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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## **Bible Day Camp Permission to Transport Child to and from Camp**

(only sign if required)

I **require** transportation for my child to and from Northwest Baptist Church. I hereby give the Camp permission to transport my child to and from camp the week of June 21-25, 2010 by church bus or van.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\*\*You will receive a call the week prior to camp to verify your transportation needs.

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## **Photography Permission**

I give permission for my child to be photographed for display on the camp website, camp bulletin board and in advertisement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Medical Release/Parental Consent Form

I, \_\_\_\_\_, hereby authorize my son/daughter \_\_\_\_\_, to attend Northwest Baptist Church's Bible Day Camp, June 21<sup>st</sup> – June 25<sup>th</sup>. I further agree that the leaders are duly authorized to obtain professional medical and/or hospital care for any and all types of medical emergencies that may arise during this event.

This agreement authorizes any licensed hospital or professional to render medical/surgical care as deemed necessary in the event of an emergency. Hospital expenses and/or medical expenses are provided for by my insurance company. I further understand that I am responsible for any financial obligations that are not covered by my/our insurance carrier.

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

*I give permission for my son/daughter to be administered Tylenol or Motrin by the camp nurse (circle one): **Yes** or **No***

I understand that all reasonable measures to keep my child safe will be taken; however, if any injury occurs, I will not hold Northwest Baptist Church responsible.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## Allergy Information and Dietary Restrictions

My son/daughter has the following allergies or medical conditions of which the leaders should be aware:

\_\_\_\_\_  
\_\_\_\_\_

*MY CHILD HAS FOOD ALLERGIES AND/OR DIETARY RESTRICTIONS, THEREFORE I WILL PROVIDE BREAKFAST AND LUNCH EACH CAMP DAY.*

\_\_\_\_\_  
Signature of Parent/Guardian **if applicable**

\_\_\_\_\_  
Date