

Northwest Baptist Church's Mega Sports and Arts 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

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)

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.

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 21st – June 25th. 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

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