

**Shreveport Baptist Temple**  
**2018 Christmas Camp**  
**Camper Registration Packet**

Welcome to SBT Christmas Camp! We are excited to offer these camps over the Christmas & New Year Holiday! We look forward to a fun time with our campers and we hope your camper enjoys every day with us!

(Please read, understand and fill out ALL information in this packet)

### **Camper Information**

Name: \_\_\_\_\_ Age (As of June 1st, 2018): \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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### **Parent Information**

Parent/Guardian Name \_\_\_\_\_ Best Contact number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Best Contact number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Do you currently attend church? Yes or No If so, what is the name of the church? \_\_\_\_\_

### **Emergency Contact(s):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Important Information:**

- Camp hours: 8am to 5pm (Early Drop-off 7:30am & Late Pick-up 5:30. (\$10 late fee applied after 5:30)
- Camps are for ages 4 to 11 year olds. (4 & 5 year olds will often be separated from our 6 to 11's when necessary.)
- Parents to provide daily: Lunch. Nap mat for 4 & 5 year olds. Optional snack money or snack.
- **Camp Pricing:** - Register for 6 or more days for \$20 per day. \$10 Sibling Discount to final total.
  - Register for 5 days or less for \$30 per day. \$10 Sibling Discount to final total.
- FULL Payment due upon registration. Spots are limited in camp. All fees are non-refundable and non-transferrable.

**Needed for Registration:** 1. Completed Registration Packet 2. Full payment for camp (Checks will not be accepted after December 14th. Cash or Card only)

**Shreveport Baptist Temple  
2018 Christmas Camp  
Payment Agreement/Information**

Name (as it appears on card): \_\_\_\_\_

Cardholder's relationship to participant: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Days you are registering and paying for (please check all days that apply):**

**December**    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_  
                  20th 21st 26th 27th 28th

**January**        \_\_\_    \_\_\_    \_\_\_  
                  2nd  3rd  4th    **(6 to 8 days - \$20 per day. 5 or less days - \$30 per day)**

**(Pricing Ex. 2 campers @ 5 days @ \$30 per day = \$300 - \$10 sibling discount = \$290)**

(Number of Campers) \_\_\_\_\_ @ (Total Days Registered) \_\_\_\_\_ @ (Pricing Rate) \_\_\_\_\_ = Total due \_\_\_\_\_

Sibling Discount is applied after total is complete at \$10 per additional sibling.

**Total Amt. to be drafted for Christmas Camp:** \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I am aware that all payments for these Camps are non-refundable and non-transferrable. Since I have given this information to the camp, my child's spot has been reserved on the roster for the days chosen, and therefore I am responsible for the balance. I am aware of and responsible for full payment of "late pickup fees" that are mentioned in this information packet. By my signature, I understand and am in agreement with the points mentioned in this payment agreement and registration packet and will honor this agreement for the duration of my child's participation in this camp activity. Also, by my signature, I am giving permission to SBT Character Camps staff to draft my credit/debit card for tuition above, prior to the start date of camp.

Card Holders Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Shreveport Baptist Temple  
2018 Christmas Camp  
Day Camps Release of Liability**

**Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("AGREEMENT")**

In consideration of participating in programs at Shreveport Baptist Temple - Character Camps / Summer Day Camps I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Shreveport Baptist Temple, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of participant \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL CONSENT**

And I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_  
Printed name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**Shreveport Baptist Temple  
2018 Christmas Camp  
Medical & Photo/Video Release Form**

**Campers Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Physical Handicaps:** (specify body parts, weaknesses, weight problems, physical impairments, etc.)

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

**Chronic Ailments:**

\_\_\_\_ Asthma \_\_\_\_ Circulatory or Heart Problems \_\_\_\_ Diabetes \_\_\_\_ Epilepsy \_\_\_\_ Hemophilia/other  
bleeding problems \_\_\_\_ Other (Specify) \_\_\_\_\_

**Psychological Handicaps: (fears, anxieties, etc.)**

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

**Allergies:**

\_\_\_\_ Penicillin  
\_\_\_\_ Insect Bites  
\_\_\_\_ Other (specify) \_\_\_\_\_

**Accident/Health Insurance Information:**

(Please attach a copy of child's health insurance card)

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

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Agreement:**

In case of emergency, I hereby give permission to the physician selected by my child's camp head instructor to hospitalize and secure proper treatment for my child, as named above (Parent contact would be attempted in this situation. This is emergency only.)

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

**Photo/Video Release:**

I hereby give permission for images of my child captured during regular and special activities through video, photo and digital camera, to be used solely for the purposes of Shreveport Baptist Temple promotional material and publications, and waive any rights of compensation or ownership thereto.

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

**Shreveport Baptist Temple**  
**2018 Christmas Camp**  
**Transportation & Movie Permission**

**Transportation Permission**

I understand that my child will be transported by van/vehicle to and from certain events that are involved with the Shreveport Baptist Temple Camps.

I, the parent or guardian of (please print) \_\_\_\_\_, give permission for the Staff of Shreveport Baptist Temple to transport my child to and from the scheduled activities of the SBT Day Camps. I also understand that this falls under the activities mentioned in the Release and Waiver of Liability Agreement in this packet and therefore hold harmless Shreveport Baptist Temple and each of its Releasees from all liability, claims, demands, losses or damages, on my child's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from an litigation expenses, attorney fees, loss liability, damage, and cost that any Releasee may incur as the result of any such claim.

**Movie Permission**

My child, \_\_\_\_\_, has permission to watch child- appropriate G or PG Rated movies at Shreveport Baptist Temple Day Camps.

Participant's Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (Printed): \_\_\_\_\_ Best Contact Number: \_\_\_\_\_