

Shreveport Baptist Temple

2019 Day Camp Registration

Welcome to SBT Character Camp-Summer Day Camps! We are excited to begin our 6th summer of camps and look forward to a fun and exciting time this summer! 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, 2019): _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

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)
- **4 & 5 year olds as of June 1st, 2019 are welcome to attend!**
- Parents to provide daily: Lunch. Nap mat for 4 & 5 year olds. Optional snack money or snack.
- **March Registration** - \$105/ week...**April Reg.** \$115/ week...**May and beyond Reg.** \$125/ week. To lock in your families rate, a \$15 deposit must be paid for the weeks you wish to reserve at that price.
- Sibling Discount is \$10. Same source of payment is required.
- Field Trip costs are included in camp tuition.
- Needed for Registration: 1. Completed Registration Packet 2. Full balance for the first week of camp 3. \$15 deposit per family for each additional week you wish to reserve & lock in weekly rate

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Weeks available for registration:

(Initial by the weeks registering for below;)

- _____ 1. May 20 – 24
- _____ 2. May 28 – 31 (Pro-rated week. Closed Memorial Day)
- _____ 3. June 3 – 7
- _____ 4. June 10 – 14
- _____ 5. June 17 – 21
- _____ 6. June 24 – 28
- _____ 7. July 1 – 3 (Pro-rate week. Closed the 4th & 5th)
- _____ 8. July 8 – 12
- _____ 9. July 15 – 19
- _____ 10. July 22 – 26
- _____ 11. July 29 – August 2
- _____ 12. Aug. 5 - 9

Campers Name _____

I acknowledge that the weeks I have initialed above are the weeks that my child is scheduled to attend Summer Day Camps at Shreveport Baptist Temple Character Camps. **First week is to be paid in full. A \$15 Deposit per week is required for additional weeks to be reserved.**

Parent/Guardian Signature _____ Date _____

Payment Agreement

Name (as it appears on card): _____

Cardholder's relationship to participant: _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone numbers Cell: _____ Home: _____

Email Address: _____

Amt. to be drafted each week: _____ **Card Number:** _____

Exp. Date: _____ **Security Code:** _____

I am aware that all payments for Summer Day Camps are non-refundable and non-transferrable. If I have paid a deposit for a week of camp, my child's spot has been reserved on the roster for that week, and therefore I am responsible for the remaining balance. I am aware of and responsible for full payment of "late pickup fees" that are mentioned in this information packet. I am also aware that payments will be drafted from the above account on the Friday prior to my child's participation at camp. If not paid at this time, a \$10 late fee will be applied to my account and must be paid in full for my camper/s participation in Character Camp Summer Day Camps. **By my signature, I understand and am in agreement with the points mentioned in this payment agreement and will honor this agreement for the duration of my child's participation in this activity. Also, by my signature, I am giving permission to SBT Character Camps staff to draft my credit/debit card for tuition, prior to our registered camp weeks.**

Card Holders Signature _____ **Date** _____

Printed Name _____

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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 no 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 _____

Signature of participant _____

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

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Medical 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: _____

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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: _____

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 Character Camps / Summer Day 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 Summer 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.

Parent/Guardian's Signature: _____ Date: _____

Movie Permission

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

Parent/Guardian's Signature: _____ Date: _____