

Shreveport Baptist Temple

2020 Summer Day Camps

CAMP INFORMATION

◆◆Day Camp Hours: 8:00am-5:00pm ◆◆Early Drop-Off: 7:30am --- Late Pick-Up: 5:30pm◆◆

- SBT Summer Day Camps are appropriate for children ages 4 to 11.
- Lunch is to be provided by the parent each day of summer day camp. Refrigerated food storage and food warm-up is available and children will be assisted in preparation of food as needed.
- Snacks & Drinks are available for purchase daily for \$1.
- WEEK 2 is a pro-rated week due to a holiday. Weekly rates will not be pro-rated if camper does not attend the full week of camp, regardless of the reason for their absence(s).
- SIBLING DISCOUNTS: Any child after the first will receive \$10 off each week's price when paid together (same source of payment is necessary to receive this discount).
- Daily registration is available for \$40 per day. Availability is not guaranteed, due to the limited spots available in the camp each week.
- Campers should bring nap mats, pillow, blanket, etc. for a daily quiet time that is given after lunch.
- Please do not allow your child/children to bring electronics, phones, I-pads, or etc. to camp. If you choose to do so, campers will be asked to check them in at the sign in desk at time of arrival and check them out at departure.

Due upon registration:

1. Completed Day Camp Registration Packet.
2. Full balance for the first week of camp you wish to reserve for your child.
3. A \$15 deposit for each additional week of camp that you wish to reserve for your child. Your deposit locks in your low weekly rate and secures your child's spot on the day camp roster. Your balance for each week that a deposit is paid will be due (auto drafted) the Friday before the start of that week.

Weekly Rate Information & Payment Agreement

Prices are determined by the month during which you register your child.

March Registration \$105 per week

April Registration \$115 per week

May and beyond Registration \$125 per week

- These rates are 'locked in' for each week that a \$15 deposit is paid at the time of registration.
- Weeks registered for at a later date will be charged the rate of the month of registration.

We recommend that you plan for the weeks your child will not attend camp prior to registering (Ex. vacations, weeks with grandparents, etc.)

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Camper Registration Packet

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

Camper Information:

Name: _____ Age (as of June 1st, 2020): _____ DOB: _____

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

Parent Information:

*Parent/Guardian Name _____ Home Phone: _____

Email: _____ Cell Phone: _____

*Parent/Guardian Name _____ Home Phone: _____

Email: _____ Cell Phone: _____

Do you currently attend church? Y or N If so, what is the name of the church? _____

Emergency Contact(s):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Check weeks registering for below (Note: Week 2 is pro-rated for holiday)

(OFFICE USE ONLY BELOW)

	AMT. PAID	AMT. DRAFT	NOTE
_____ 1. May 18 – 22	_____	_____	_____
_____ 2. May 25 – May 29 (Closed on 25 th /Pro-rate week)	_____	_____	_____
_____ 3. June 1 – 5	_____	_____	_____
_____ 4. June 8 – 12	_____	_____	_____
_____ 5. June 15 – 19	_____	_____	_____
_____ 6. June 22 – 26	_____	_____	_____
_____ 7. June 29 – July 3	_____	_____	_____
_____ 8. July 6 – 10	_____	_____	_____
_____ 9. July 13 – 17	_____	_____	_____
_____ 10. July 20 – 24	_____	_____	_____
_____ 11. July 27 – July 31	_____	_____	_____
_____ 12. August 3 – 7	_____	_____	_____

I acknowledge that the weeks I have checked above are the weeks that my child is scheduled to attend Summer Day Camps at Shreveport Baptist Temple Character Camps. **I understand that by reserving a spot on the day camp roster, I am hereby responsible, regardless of attendance, for full payment of the remaining balance of each week I have checked above.**

Parent/Guardian Signature _____ **Date** _____

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PAYMENT AGREEMENT

Name (as it appears on card): _____

Cardholder's relationship to participant: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____

Email Address: _____

Amt. to be drafted each week: _____

Card Number: _____

Exp. Date: _____

Security Code: _____

******All payments for Summer Day Camps are non-refundable and non-transferrable. If a deposit has been paid for a week of camp, your child's spot has been reserved for that week, and therefore you are responsible for the remaining balance.**

******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 weekly camp tuition.**

Card Holders Signature _____ **Date** _____

Printed Name _____

Please inform us promptly of any changes to the information above.

-----OFFICE USE ONLY-----

Date of Registration: _____ **Fees & Reg. form:** _____ **Draft Amount:** _____

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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 Parent/Guardian: _____

Parent/Guardian's Signature: _____ **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/Guardian _____

Signature of Parent or Legal Guardian _____ **Date:** _____

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MEDICAL & PHOTO/VIDEO RELEASE

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, secure proper treatment for and to order injection, anesthesia or surgery 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.

Printed Name of Parent/Guardian: _____

Parent/Guardian's Signature: _____ **Date:** _____

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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.

Printed Name of Parent/Guardian: _____

Parent/Guardian's Signature: _____ **Date:** _____

MOVIE PERMISSION

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

Printed Name of Parent/Guardian: _____

Parent/Guardian's Signature: _____ **Date:** _____