

**Bay Springs Baptist Church
Vacation Bible School Summer Camp**

GENERAL PERMISSION FORM FOR ACTIVITIES

I authorize Bay Springs Baptist Church (BSBC) to care for my child(dren),

while he/she/they attend(s) the BSBC programs or participates in BSBC sponsored activities or field trips. In the event of an emergency, if I cannot be reached, I authorize BSBC staff to administer and/or obtain emergency medical treatment for my child.

Parent/Guardian Initial: _____

My child has my permission to participate in camp sponsored activities and leave BSBC grounds for program related activities in the vehicle provided by BSBC. I understand that all precautions will be taken to prevent accidents, but in the event of an accident, I, the undersigned, waive, release, and discharge BSBC, its officers and employees from any claim, demand or cause of action arising out of my child's participation in BSBC sponsored activities or the transportation of my child.

I understand that my child will be around, riding, and handling live horses.

Parent/Guardian Initial: _____

I have read and understand the BSBC Parent Handbook.

Parent/Guardian Initial: _____

I give permission for the BSBC staff to photograph my child. I understand that the photographs may be used for promotional materials, camp crafts and activities.

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

BAY SPRINGS BAPTIST CHURCH
VBS/SUMMER CAMP
REGISTRATION FORM
(Effective Summer 2010)

Child's Name _____ M or F _____ Birthday _____

Address _____ Community _____

City _____ Zip _____ Telephone _____

Father's Name _____ Place of Employment _____

Phone # _____ Cell # _____ email _____

Mother's Name _____ Place of Employment _____

Phone # _____ Cell # _____ email _____

Marital status of parents Married __ Separated __ Divorced __ Stepfather/stepmother _____

Any special circumstances we need to know about? _____

Child's Brothers & Sisters:

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Others living in the home _____

Family Church Affiliation: _____

Does your child run fever easily? _____ Have seizures? _____ What type of seizures? _____

Does your child have any physical impairment? _____ Please explain: _____

Allergies? Y or N If yes, how does it manifest itself? Asthma Hay fever Hives Other

Allergies (list specific foods and/or medicines, insects, etc.) _____

Does your child have any special fears that we should be aware of? _____

Describe your child's personality and add any additional information or comments: _____

Acceptance of this form assures your child a place in the BSBC VBS/Summer Camp.

Doctor's Name _____ **Phone #** _____

Insurance information _____

I hereby certify that my child is in good health. I hereby authorize this facility:

- 1. to care for my child during the time he or she is involved in the activities associated with BSBC VBS/Summer Camp.**
- 2. to secure emergency medical care for my child in case BSBC cannot reach me.**

Miscellaneous information that might be helpful: _____

Emergency Contacts/Pick up Authorization: _____

Date _____ **Parent's Signature** _____