

Summer Camp Registration Form

SJBC-2010

Please fill out both sides of this form and submit it with \$10 Registration fee to:

Camps—SJBC
300 Hawthorne Lane
Charlotte, NC 28204

Child's Name _____ Age/Grade ('10-11) _____

Parents' Names _____

Address _____

Email addresses _____

Home phone _____ Cell Phone _____

Cell Phone _____ Work Phone _____

Emergency Contact _____

Phone #'s _____

Please check camps/programs for which you wish to register your child:

____ June 28-July 2—VBS (\$10)

____ June 28-July 2—VBS After Care (\$50)

5-7 Year Old Camps

____ June 21-25-Basketball Fun-Damentals! (\$90)

____ July 6-9-Animal Adventures (\$80)

____ July 12-16-Uptown Kids (\$90)

____ July 19-23-Adventure Camp (\$100)

____ July 26-30-Mad Science-Let's Get Growing (\$130)

____ Aug. 2-6-Save This Planet (\$90)

____ Aug. 9-13-Snoops (\$90)

8-11 Year Old Camps

____ June 21-25--Camp Olympus (\$125)

____ July 6-9-Hoopsters (\$85)

____ July 12-16-Mad Science- Top Flight Academy (\$140)

____ July 19-23-Mad Science Science in Motion(\$140)

____ July 26-30-Project Retro (\$95)

____ July 19-23-Mad Science Secret Agent Lab(\$140)

____ Aug. 9-13-Survival Camp (\$125)

____ Aug. 2-6-Mad Science Crazy Chemworks (\$140)

11+ Camps

____ June 28-July 2—Volunteer for VBS

____ July 6-9—Chemistry (\$80)

____ July 12-16-Sign Language (\$95)

____ July 19-23—Comic Book (\$95)

____ July 26-30 Basketball Goals! (\$95)

____ Aug. 2-6-Nerdania Rules!(\$95)

____ Aug. 9-13— Peace Camp (\$185)

After Camp (Check weeks—all weeks are \$85 except VBS)

____ July 6-9

____ July 12-16

____ July 19-23

____ July 26-30

____ Aug. 2-6

____ Aug 9-13

After Camp Lessons

____ Mondays—/piano—(\$25/week)

____ Tuesdays—piano—(\$25/wk)

____ Wednesdays—piano—(\$25/wk)

____ Wednesdays—piano—(\$25/wk)

____ Thursdays— violin —(\$25/wk)

____ Group Lessons-Day _____ (\$10/!5/wk)

Total for VBS (including After Care) \$ _____

Total for Camps \$ _____

Total for After Camp (non-VBS wk) \$ _____

Total for After Camp Lessons \$ _____

Registration Fee \$10

Total Due \$ _____

Please include Registration Fee with form—Camp tuitions must be paid by first day of each camp.

CAMP ST. JOHN'S 2010
VBS-St. Martin's/St. John's
PARENT CONSENT FORM
INSURANCE WAIVER

I (We) hereby give our approval for _____ to attend Camp St. John's 2010 and all activities which may be scheduled during the Camp.

I (We) assume all risks and hazards incidental to the conduct of the Camp activities and during transportation which is incidental to the Camp. I (We) do hereby release, absolve, indemnify and hold harmless the St. John's Baptist Church, its employees, volunteers, members, participants, organizers, sponsors and supervisors for any and all loss or injury caused to or by the above named child. In case of injury or accident I (we) hereby waive all claims against St. John's Baptist Church, the Camp organizers, the volunteers, the sponsors, or any of the supervisors appointed by them. I (We) likewise release from responsibility any person transporting our child to and from the camp activities.

Date: _____

Parent or Guardian – Signature

Signature of one parent or guardian shall be deemed to present consent of all of this waiver.

Physician to contact: _____

Name

Phone

Address

City

To the attending Physician or Hospital:

Permission is hereby granted for you at the sole discretion

of _____ (or any designated adult supervisor from St. John's Baptist Church) to perform whatever care is necessary for the welfare of the above named child until such time as you are able to reach the emergency contact person(s) names below.

Date: _____

Parent or Guardian – Signature

Hospitalization Insurance: Company: _____

Policy Number: _____

Certificate No.: _____

Names Insured: _____

List known allergies: _____

List all prescription drugs taken by the child: _____

Person(s) to be contacted in case of emergency:

_____ Home Phone _____

Name

Office Phone _____ Cell Phone _____