



BELLEVUE MINISTRY CENTER

2017 SUMMER CAMP REGISTRATION FORM

10700 So. Emerald Ave., Chicago, IL 60628 773-568-3200

Summer Camp Dates: Five weeks starting Monday, June 26th and ends Friday, July 28th.

Summer Camp Daily Schedule: 9:30 a.m. to 2:30 p.m.

Registration Fee: \$250.00. The fee includes the cost of four recreational trips, classroom materials, computer lab materials, on-site lunch, and a camp T-shirt. (List child's T-shirt size: youth size: _____ or adult size: _____) Age range of participants: 5 to 15

Student's Name: _____ Age: _____ Date of Birth _____
last name first name

Street Address: _____ Apt Number: _____

City _____ State _____ Zip Code _____

Parent's/ Guardian's Name: _____

Parent's email: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact: _____ Phone #: _____

Person(s) Authorized to Pick Up Child: _____

Please list any health condition that your child has that may effect his/her participation in computer camp activities: _____

Do you consent to use your child in **group pictures** for future advertising flyers and posters? Indicate by signing your name after Yes _____ or No _____

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

STAFF ONLY

Method of Payment: () Check () Cash () Fee supported by church sponsor
Receipt # _____ Date: _____

Enrolled by Staff Member (signature) _____

*Please read the **LIABILITY RELEASE AGREEMENT** and the **PARENTAL MEDICAL CONSENT AGREEMENT** on the next page fully and carefully prior to signing. This is a legally valid and binding obligation to release a party from all known and unknown obligations. This instrument affects important legal rights. Think carefully and consider obtaining legal advice prior to signing.*

LIABILITY RELEASE AGREEMENT

In consideration for my child, _____, being accepted to participate in one or more youth ministries, activities, trips and programs, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child – participant do hereby release, forever discharge and agree to hold harmless Bellevue Baptist Church and Ministry Center, its directors, agents, servants, successors, heirs, executors, administrators, and personal representatives, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in activities.

(Print child's name above)

Furthermore, we (I) (and on behalf of our (my) Child-participant if under the age of 21 years hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, from any liability sustained by said church as the result of the negligent, willful or intentional acts of any participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby give our (my) permission for him/her to participate fully in activities and programs, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and we/I assume the responsibility of all medical bills, if any. Legal Guardian's Signature _____ Date _____

PARENTAL MEDICAL CONSENT AGREEMENT

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by Bellevue Baptist Church. (Print child's name above)

We (I) authorize an adult, in whom care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed, accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Bellevue Baptist Church.

Please list the child's known allergies _____

(Anesthetics, Aspirin, Codeine, Demerol, Antibiotics (list), Insect Stings, I.V.P. Dyes, Morphine, Novocain, Penicillin, Shellfish, Tetanus Toxioid, Other (please list))

Please list current daily medications _____

Recent shots and vaccines: Tetanus/Date _____ Other/Date _____

Insurance Company _____ Physician's Name _____

Legal Guardian's Signature _____ Emergency No. _____