



KAMP EXTREME SUMMER DAY CAMP

CHILD INFORMATION & PARENT CONSENT

PROGRAM ADMISSION INFORMATION

**Please fill out a separate form for each child registered within the camp.

I/we the parent(s)/guardians of, _____, give my/our child permission to participate in the Kamp Extreme Summer Day Camp

Parent/Guardian Signature: _____ Date: _____

CHILD INFORMATION

Child's Name: _____	
Nickname : _____	
Date of Birth: _____	Grade Entering in Fall School Yr 20__:

PHYSICAL DESCRIPTION:

Sex: _____	Ethnicity: _____
Height & Weight: _____	Eye Color: _____
Identifying Marks: _____	Hair Color: _____

Medical History: Please Write "None" If There Are None.

Allergies/ Reactions/ Treatments (If none, write "None"):	
Special Disabilities/ Needs/ Chronic Health Conditions:	
Current Medications:	
Emergency Medical/ Dietary Information/ Restrictions:	
Behavioral Issues:	
Other Emergency Health Concerns:	

MEDICAL INFORMATION:
Does your child have health coverage? Yes No

Child's Physician Name:	
Address:	
Phone Number:	
Medical Insurance Co:	
Policy Number:	



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RELEASE OF LIABILITY

I/we understand the Family Bible Fellowship assumes no responsibility *or liability* for injuries/illnesses of my/our child. I/we further understand that I/we hold the Family Bible Fellowship, its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my/our child's participation in the Summer Program.

I/we understand that Family Bible Fellowship "does not" pay for accident injuries to participants within the program.

Parent/Guardian Signature: _____	Date: _____
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FIRST AID/MEDICAL EMERGENCY TREATMENT CONSENT

I authorize staff in the FBF (Family Bible Fellowship) Kamp Extreme Summer Program who is trained in the basics of first aid to administer first aid and/or CPR to my child when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I hereby authorize the program to transport my child to the nearest medical facility and to secure necessary medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

I/we understand that Family Bible Fellowship "does not" pay for accident injuries to children. I/we understand that all emergency and/or medical costs are my responsibility.

Parent/Guardian Signature: _____	Date: _____
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PICK-UP POLICY

As parents/guardian, I/we understand that FBF Kamp Extreme Summer Day Camp ends at 4:00 p.m. for full day, 12pm for half day and 6 p.m. for extended day. In order to be released to go home from the program, **participants MUST be signed out by one of the named parents/guardian on application or by one of the individuals listed on below.** Please note: Persons listed as "Emergency Contacts" on your registration form are automatically authorized to pick-up your child from the program.*

I/we will pick up my/our child from the program.

When I/we am unable to pick my/our child up, I/we give permission to the following individuals to pick up my child who must provide ID.

PICK-UP AUTHORIZATION

Please list below individuals who are authorized to pick up your child from the program. These persons are IN ADDITION to those listed under "Emergency Contacts" on your registration form

Name	Relationship to Child	(1) Contact Phone #	(2) Contact Phone #

**Biological parents and legal guardians listed on registration form are automatically authorized to pick-up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. All individuals authorized to pick-up your child from the program must be at least 16 years of age. A license or other positive proof of identification must be shown at pick-up time. If you wish to change, add or delete these authorizations, you must do so in writing.*

Parent/Guardian Signature: _____ Date: _____



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Mission Statement

Kamp Extreme Summer Day Camp is dedicated to the healthy development of children, youth, and positive values for people of all ages. Our programs emphasize character development to help teach youth the strong positive values. At Kamp Extreme Summer Day we use various curriculums, hands on activities, and resources, including bible stories, scripture memorization, grace (prayer), camp songs, daily affirmations and pledges to help teach children about character and how to model positive character values.

By signing below, I hereby agree with Kamp Extreme Mission Statement and grant consent for my child to participate in activities and lessons Kamp Extreme Summer Day Camp utilizes within daily camp schedule.

Parent/Guardian Signature: :

Date:

PHOTO/VIDEOTAPING RELEASE

I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in the Kamp Extreme activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will improve the Kamp Extreme Summer Program, and/or recognition of participants. I also hereby consent FBF Kamp Extreme Summer Program to photograph my child and I/Us for identification and protection purposes as it relates to the program.

Parent/Guardian Signature:

Date:

SUPPORT STAFF CONSENT

The Kamp Extreme Summer Program on occasion will have student interns and/or volunteers work within the program. I give permission for my child to interact with these support staff.

Parent/Guardian Signature:

Date:

OFF-SITE ACTIVITIES

I hereby grant consent for my child to (check all that apply)

Take supervised walks in local neighborhoods and to parks within a mile radius of Family Bible Fellowship Ministry Complex (including Ash Street Park on Enterprise St.)

Utilize public or chartered transportation or to all supervised field trips

Take supervised fields trips to various location within the SF East Bay Area (listed on the camp schedule)

I understand that any other activity destinations or field trips will require my written permission.

Parent/Guardian Signature:

Date: