



Activity Registration

Children's Camp

Participant's Name: _____ Address: _____

City: _____ Zip: _____ Grade Completed _____ Age: _____ D/O/B/ _____

Contact Number's: _____ Wk. # _____

Email address: _____

Emergency Contact: _____ Emergency Phone: _____

School Name: _____ T- Shirt Size: _____

HEALTH INFORMATION:

Medications: _____ Reasons: _____

Allergies: _____ Concerns: _____

Doctor's Name: _____ Doctor's Number: _____

INSUARANCE INFORMATION:

Name of Company: _____ Group # _____

Policy # _____ Phone verification # _____

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AGREEMENT:

I release Spring Baptist Church of any and all claims, liabilities of any nature, indivually or collectively, from accidents that might occur while the above name is participating in the event sponsored by Spring Baptist Church.

Parent Signature: _____

