

# Forestville Summer Day Camp

## June 8th - 11th

8 AM - 4 PM

Rising K5 - Completed 3rd Grade

Camp Fee: \$60



**Registration Deadline: May 20th**

*Late registration will have a fee*

### Daily Schedule

7:50 AM: Teachers arrive  
8:00 AM: Children arrive at  
Children's Building Check-in Area  
(Breakfast will be provided)  
8:30 AM: Start loading the church bus  
for Morning Adventure  
12:00 - 12:50 PM: Return to church and  
Lunch  
1:00 - 3:45 PM: Six-Station Rotation  
(Bible Lessons, Music, Kid-Vid  
Video Application, Craft,  
Games, Application)  
3:45 PM: Prepare children for  
dismissal  
4:00 PM: Children dismissed

### Morning Adventures

Monday - Spare Time (Bowling)  
Tuesday - Cherrydale Regal Cinemas  
Wednesday - Roper Mtn. Science Center  
Thursday - Big Air Tampoline Park

**\*Note\***

**Children will bring  
a lunch each day.**

*Camp Fee Covers: Breakfast,  
All morning adventures, Station  
Rotation, T-Shirt, snacks,  
and activities.*

**For questions or more information please contact**

**Jimmy Cagle | jimmy@forestville.org | 864-884-2144**

**Blake Harris | 864-567-0038**

# 2020 KIDS DAY CAMP

June 8th - 11th

## Registration Form

Child's Name \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last school grade completed \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Parent/Caregiver's cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

T-Shirt Size : Children size - XS S M L XL Adult Size - S M L XL XXL



Allergies or other medical conditions: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Medical Release Attached ☐

Payment Received ☐

# Medical Release & Permission Form

Page 1 of 2

Effective dates: 1/1/2020 to 12/31/2020

Please print in ink:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Year in school: \_\_\_\_\_ ☐ Male ☐ Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—  
☐ good swimmer ☐ fair swimmer ☐ non-swimmer
- Does your child have allergies to—  
☐ pollens ☐ medications ☐ food ☐ insect bites
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes  
☐ frequently upset stomach ☐ physical handicap
- Date of last tetanus shot: \_\_\_\_\_
- Does your child wear ☐ glasses ☐ contact lenses
- Please list and explain any major illnesses the child experienced during the last year:  
Additional comments: \_\_\_\_\_  
Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_

Page 1 of 2



## Medical Release & Permission Form

### For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

### Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in student ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church student/childrens pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all student activities

NAME OF STUDENT

sponsored by \_\_\_\_\_

NAME OF ORGANIZATION

from 1/01/2020 to 12/31/2020.

DATE

DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We understand that as a Participant, I or my child may be photographed or videotaped during the normal event activities, and these photographs/videos may be used for promotional purposes including social media, web-site, etc.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. **NOTE: ONLY legal parents and guardians can sign this form. This form MUST be signed in the presence of a notary. Most banks offer free notary services and our church has a notary on staff available to notarize this form, however, the notary MUST witness your signature before returning these forms.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_