

Forestville Summer Day Camp

Rising K5- Rising 3rd Grade



June 5th-8th

8am - 4pm

Camp fee: \$85

(each additional child \$60)

(spots are first come first serve, spots are limited due to bus capacity)

Children will bring a bag lunch each day

Camp Fee Covers: all morning adventures, bible lessons,
T-Shirt, snacks, and activities

Daily Bible Truths

God made you: Genesis 1-2

God is for you: Joshua 1-2

God will always love you: Luke 22-24

God made you for a reason: I Samuel 25



Daily Schedule

- 7:50am - Teachers arrive
- 8:00am - Children arrive at gymnasium
(Breakfast will be provided)
- 8:30am - Start loading the church bus for Morning Adventure
- 12:00 - 12:50pm - Return to church and Lunch
- 1:00 - 3:45pm - Six-Station Rotation
(Bible Discovery, Sound Wave, Imagination Stations, Games Makers, Snack Factory, KidVid Cinema)
- 3:45pm - Prepare children for dismissal
- 4:00pm Children dismissed



**Roper Mountain
Science Center**

Morning Adventures

Monday: Pump It Up

Tuesday: Roper Mountain Science Center

Wednesday: Runway Park at Greenville Airport

Thursday: Children's Museum



The Children's Museum

For more information contact:

Jimmy Cagle: 864-884-2144 or jimmy@forestville.org

Dana Lang: dana.h.lang@gmail.com

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2017 KIDS DAY CAMP

June 5th - 8th

Registration Form

(One Per Child)

This form can be turned in early for quicker admission on Monday morning drop off.

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

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: _____

Crew number or group name (for church use only): _____



Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Medical Release Attached ☐

Payment Received ☐

Pump It Up®

Waiver, Release, Hold Harmless, and Indemnification Agreement Rev. 15.02

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at Pump It Up the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1: I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.

Participant Name

Date of Birth

Participant Name

Date of Birth

Participant Name

Date of Birth

Participant Name

Date of Birth

2: I acknowledge and understand that there are known and unknown risks associated with participation in Pump It Up activities and the use of the play area, inflatable equipment and any and all other Pump It Up equipment, including but not limited to the Pop-In Playtime and Open play, which include but are not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death. **3:** I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume. **4:** I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any Pop-In-Playtime and/or any other open play event at Pump It Up. **5:** I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless, release, waive and indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation, except for those arising from the gross negligence or willful misconduct of Pump It Up. **6:** I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation, except for those arising from the gross negligence or willful misconduct of Pump It Up. **7:** I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion. **8:** I understand that entry, by myself and the participant(s) named, constitutes consent for Pump It Up to use any film, video, or likeness of participants for any purpose whatsoever, without payment to the participant. **9:** The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect. **10:** Any controversy, dispute, or claim arising out of or related to this Agreement, which the parties are unable to resolve by mutual agreement, shall be settled exclusively by submission by either party of the controversy, claim or dispute to binding arbitration; said arbitration to take place exclusively before a single arbitrator located within 25 miles of the Event location and in accordance with the rules of the American Arbitration Association then in effect.

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____ Date: _____

Address: _____

City: _____ ST: _____ Zip: _____

Emergency Contact number: () _____ or () _____

E-mail address: _____

By providing your e-mail address you acknowledge we may send you e-mail including Discount offers, special events, and Pump It Up news.

Medical Release & Permission Form

Effective dates: 1/1/2017 to 12/31/2017

Please print in ink:

Name: _____ Age _____ Birthday _____

LAST FIRST MIDDLE

Year in school:_____ ☐ Male ☐ Female Email _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Pager/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:

1. For your child's safety and our knowledge, is your student a—
☐ good swimmer ☐ fair swimmer ☐ non-swimmer
2. Does your child have allergies to—
☐ pollens ☐ medications ☐ food ☐ insect bites
3. 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
4. Date of last tetanus shot: _____
5. Does your child wear ☐ glasses ☐ contact lenses
6. 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: _____

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 1/01/2017 to 12/31/2017.

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 ____/____/____

Children's Ministry

Payment Methods and Guidelines

Cash or Check

- ✓ All payments in cash or check must be placed in a yellow payment envelope and correctly filled out before turned over for payment.
- ✓ Yellow Payment Envelopes can be picked up at Guest Services (Worship Center) or in the Children's Building.
- ✓ Yellow Payment Envelopes can be returned by...
 - Returning to the Children's Check-in Kiosk
 - Leaving at Guest Services
 - Placing in the offering plate on Sundays
 - Dropping off at the church office during office hours (Mon. – Thurs. 8:00 am – 5:00 PM)
- ✓ **Cash or Check payments not received in a Yellow Envelope will be rejected**

Electronic Payments

- ✓ You can pay online by a credit or debit card by going to forestville.org and clicking on the "Give Online" image.
- ✓ All payments must have the appropriate information in the description box (Example: John Doe – Children's Camp or Day Camp).
- ✓ COMING SOON: Payments may also be made through our new church phone app which will be released within the next few weeks.
- ✓ Electronic payments can take more than one week to process; they may not be reflected in the most recent balance given.



Keeping up with Your Balance

- ✓ **All inquiries about your balance for any trip should be directed to the Children Ministry (Jimmy Cagle or Kim Gaaney) not the financial office (Sheila Smith).**
- ✓ Updated balances will be available the first and third Tuesdays of each month. Processing payments takes time. ***Balances given by the Student Ministry will reflect the payments received before the previous first or third Tuesday of each month.***

Late Payments

- ✓ A 24-hour grace period will be made for payments given directly to the office by the end of the next work day (5:00 PM).
- ✓ An extension of up to one week can be given if a request is submitted by e-mail to jimmy@forestville.org with the reason, date and method by which the payment will be made.
- ✓ **Deposit due dates for all trips cannot be extended. If a deposit is not made on time, the child will not be able to participate.**

Financial Assistance / Scholarships

- ✓ If a child would like to attend but does not have the finances, the parent can request assistance by filling out the form located at <https://goo.gl/forms/zDnSrLSH3yMqdBn03>.
- ✓ Form must be completed 7 days (one week) prior to the deposit due date.