



# 2010 CAMP FCBC SUMMER CAMP ENROLLMENT FORM



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone/Pager ( ) \_\_\_\_\_

School: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

What was the last day camp your child attended, if any? \_\_\_\_\_

I authorize only these additional persons to pick up my child (ren):

Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

If you wish to have your child walk from camp unaccompanied, please sign \_\_\_\_\_

**Medical Information:** Insurance Provider \_\_\_\_\_ Policy: \_\_\_\_\_

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

Is child on medication? Yes No If so, what: \_\_\_\_\_ Dosage: \_\_\_\_\_

I authorize Faithful Central Bible Church Staff to administer medication:

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

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

Reasons for limitations of physical activities, if any \_\_\_\_\_

List any major illnesses or medical conditions or behaviors that we should be aware of in case of a major emergency.

\_\_\_\_\_

## AUTHORIZATION TO PARTICIPATE

My child \_\_\_\_\_, a minor, has my authorization to participate in Faithful Central Bible Church's 2010 Summer Camp Program and all activities therein (including chartered bus trips). I further agree to relieve the City of Los Angeles/Inglewood FCBC officers, agents and employees from any liability for injury to my child resulting from and/or in connection with activities in this program. I agree to hold harmless FCBC and Carpenter's Workshop staff for injury to my child, I undersigned, as parent/guardian of the above mentioned minor do here by authorize the City of Los Angeles/Inglewood to act as agent for the undersigned; to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis treatment is rendered at the office of said physicians or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to give specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Any photographs taken of children are used solely for non-commercial reasons for the promotion of FCBC Carpenter's Workshop. Your signature here, as parent, gives consent for your child to be photographed for website, brochures and other written communication.**

