FIRST BAPTIST CHURCH OF ANNAPOLIS, INC.

**SUMMER ENRICHMENT CAMP-REGISTRATION-PERMISSION & WAIVER FORM**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

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

Street City Zip Code

Father’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work

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

Notify in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Special Needs and Instructions, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any physical disabilities, allergies,

medical problems: \_\_\_\_\_ Yes \_\_\_\_ No. If yes, specify disability, allergies, medical problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Attach a copy of child’s medical insurance card or medical insurance information including name of insurance company, policy member’s name and policy number and insurance company’s telephone number. I hereby give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the First Baptist Church Summer Enrichment Camp from June 26 to August 4, 2023. I understand that my child will be taught/chaperoned during all events (including field trips) by a responsible member or representative of First Baptist Church Summer Enrichment Camp.

**Photography:** I also give permission for my child to be photographed. Photographs may be used in scrapbooks, various promotional materials, including but not limited to brochures, DVD’s and other digital media. If you do not want photographs taken of your child, you must submit a written request and attach to this form.

**Behavior Code:** Our Summer Enrichment Camp is committed to having an environment that is safe and where every camper and staff member can learn, play and participate in an atmosphere free from all forms of bullying and harassment. Any form of harassment, whether written, oral, physical, visual, or virtual, is strictly prohibited and subject to disciplinary action. Bullying or verbal abuse based on race, religion, gender, disability, or physical appearance will not be tolerated. A camper who bullies or behavior is inappropriate will be sent to the camp director and parents/guardians will be notified. If the camper consistently behaves inappropriately, they may be required to leave camp, with no refund of fees paid for field trip admission.

**Transportation:**I realize and give permission for my child to be transported via bus and/or van to area field trips (MD, DC, VA, PA). Campers are required to follow bus/van safety rules: fasten seat belts (when available), remain seated at all times, and behave in a polite and orderly manner.

*In consideration of the First Baptist Church Summer Enrichment Camp accepting my child in their camp, I agree to release and discharge First Baptist Church Summer Enrichment Camp, its members, and representatives from any injuries sustained by my child as a result of participation in this event. I agree to indemnify and hold harmless First Baptist Church Summer Enrichment Camp its members, and representatives against any liability incurred as a result of such injury or loss. It is understood and agreed that First Baptist Church Summer Enrichment Camp, its members, and representatives cannot be responsible for any aggravation or injury caused as a result of a pre- existing disability, including but not limited to allergies. First Baptist Church Summer Enrichment Camp will be notified of any such disabilities or sensitivities in writing prior to giving permission to participate in this event.*

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