



For Office Use Only

Registration #: _____

Date Received: _____

Amount Paid: \$ _____

Amount Due: \$ _____

REGISTRATION FORM (Please Print)

Camper's Full Name: _____

Grade Completed: _____ Date of Birth: ____/____/____

_____ Male _____ Female

Are you a church member? _____ Yes _____ No

Where? _____

Parent's Name: _____

Street Address: _____

City, State, Zip: _____

Parent's E-mail: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Emergency Contact Person: _____

Relationship to Camper: _____ Contact Cell Phone: _____

Any Special Needs, Allergies, or Dietary Restrictions we need to be aware of:

Please explain: _____

Do you grant Indian Springs Baptist Church Photo/Video Permission for your Camper? _____ Yes _____ No

Camper's T-shirt Size: (check one)

- YS YM YL YXL
AS AM AL AXL AXXL AXXXL

Parental Consent & Medical Release Form on the back

PARENTAL CONSENT & MEDICAL RELEASE FORM

(Please Print)

I, _____ (the undersigned parent or guardian),
of _____ (minor), authorize the adult workers of the KiDS at the Springs
Children's Ministry of Indian Springs Baptist Church the consent to approve any examination, X-ray, anesthet-
ic, medical, or emergency diagnosis or treatment and hospital care which is rendered necessary under the
supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical
staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at
said hospital.

Further, as a parent or guardian of the minor named above, I do hereby give my consent allowing my
son/daughter to receive any medical treatment from any physician, hospital, or other medical center without the
necessity of first notifying me, and do further agree to hold blameless any physician, hospital, or other medical
center for rendering such services.

Camper's Full Name: _____

Parent's Name: _____

Parent's E-mail: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Emergency Contact Person: _____

Relationship to Camper: _____ Contact Cell Phone: _____

Insurance Company or Group: _____

Policy Number: _____

Any prescribed medications your child will need to take while he
or she is under our supervision: (medication/dosage/frequency)

Any Special Needs, Allergies, or Dietary Restrictions we need to be aware of:

Please explain: _____

Parent/Guardian Signature: _____ Date: _____