

EBC KIDS' DAY CAMP AT
THOMPSON LAKES CHRISTIAN RETREAT
REGISTRATION FORM
JULY 5 - 7, 2017 (Entering grades 1st - 3rd)
Boys & Girls



NAME OF CAMPER: _____ BIRTHDATE: _____

GRADE ATTENDING IN FALL: _____ MALE _____ FEMALE _____

ADDRESS: _____

PARENT OR GUARDIAN: _____

NOTE ANY SPECIAL NEEDS OF CAMPER: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT IF YOU ARE UNAVAILABLE:

NAME	NUMBER
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CAMP COST:

(Circle One)

Per Camper

One Camper

\$75

Two or more

\$25 for each additional child

*Multiple rates are for immediate family only and same camp

*Please complete a separate form for each camper

I am available to drive campers to camp on July 5th - # extra Seatbelts _____

I am available to drive campers from camp on July 7th - # extra Seatbelts _____

(Please only list the # of extra seatbelts that you will have for kids.)

Total Cost: _____ Cash or Check # _____ Amount _____ Scholarship

(make checks payable to Easthaven Baptist Church)



**2017
Easthaven Baptist Church
Permission Slip**

I, _____, the parent/guardian of _____
give my permission for my child to ride either in one of the church vans or with a volunteer , to go to
Thompson Lakes Christian Retreat on July 5th, 6th & 7th, **leaving from, and returning to Easthaven
Baptist Church on each day.**

I understand that there are potential risks in this event and do not hold Easthaven Baptist Church and its
leaders responsible for any potential harm due to the nature of this event.

I give my permission to Easthaven Baptist Church and its leaders to authorize any necessary medical
procedures for my child, which may be required in an emergency situation.

Parents Name: _____ Signature: _____

Phone number where you can be reached: (____) _____

If you can't be reached, we should call: _____ at: (____) _____

Youth's Name: _____

Medical Insurance Carrier: _____

Insurance Number: _____

Preferred Physician: _____

Medication Being Taken: _____

***If child needs EpiPen, please have him/her bring this to camp and they will need to know how to
administer it to themselves.**

Allergies: _____

Pictures taken of your son/daughter during this event, may be used for promotion on EBC social media
sites, ie: (Facebook, Instagram, etc.)

Yes, I Grant Permission _____

No, I Do Not Grant Permission _____