



**EBC KIDS' CAMP AT  
THOMPSON LAKES CHRISTIAN RETREAT  
REGISTRATION FORM  
JULY 10 - 14, 2017 (Entering grades 3<sup>rd</sup> - 5<sup>th</sup>)  
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

**CAMP COST:**

<u>(Circle One)</u>	Per Camper
One Camper	\$125
Two Campers	\$100 each
Three or more	\$80 each

\*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 10<sup>th</sup> - # extra Seatbelts \_\_\_\_\_

I am available to drive campers from camp on July 14<sup>th</sup> - # 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 10<sup>th</sup> and return on July 14<sup>th</sup> from camp.

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** \_\_\_\_\_