

**Pre-Teen Camp 2017  
Registration, Parental Consent, &  
Medical Information and Authorization Form  
Camp Dates: May 30- June 2, 2017 (Tuesday-Friday)**

**\*\*We will have to have a copy of the front and back of your insurance card\*\***

Child's Name \_\_\_\_\_ (Circle One) Male/Female

Grade Completed as of May 30, 2017 \_\_\_\_\_ Age \_\_\_\_\_ Name of Church \_\_\_\_\_

Date of Birth \_\_\_\_\_ **T-Shirt Size (Circle One)** YS YM YL AS AM AL AXL Other Size \_\_\_\_\_

Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

|                              |                               |
|------------------------------|-------------------------------|
| Father (Guardian) Name _____ | Mother (Guardian): Name _____ |
| Home Phone _____             | Home Phone _____              |
| Cell Phone _____             | Cell Phone _____              |
| Work Phone _____             | Work Phone _____              |
| Email _____                  | Email _____                   |

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Family Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**\*\*We will have to have a copy of the front and back of your insurance card\*\***

LOCAL relative or friend to notify in case of an emergency and we cannot locate parent:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

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As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by First Baptist Church, Douglasville for the May 30, 2017 to June 2, 2017. Knowing that FBC, Douglasville will always try to act responsibly, I fully release First Baptist Church, Douglasville, it's authorized representatives, and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in our behalf against said church, representatives or staff. I understand that as a participant, my child may be photographed or videotaped during normal event activities and these photos/videos may be used in promotional materials and the church website.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity that they have any questions about for health or other reasons.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

*Notary  
Seal*

State of Georgia:  
County of Douglas:  
Subscribed and sworn to before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires \_\_\_\_\_

FBC Member? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other Church? \_\_\_\_\_

Friend who invited you? \_\_\_\_\_