



Summer 2015 Camp Registration



Registration for FRMBC Youth Camp

Mail this form to Flat Rock Missionary Baptist Church completely filled out with the camp fee of \$125.

Camper's Full Name _____

Home Address _____

City _____ State _____ Zip _____ Phone(____) _____

Grade in school last year _____ Age _____ Birth Date _____ Male [] Female []

Church YOU came with: _____

Pastor _____

*** I understand and agree to abide by the restrictions on my camp activities. I will seek to cooperate with the camp leadership and conduct myself in accordance with the Christian standards set by the camp and the host church.

Camper's Signature _____ Date _____

I give permission for my child/dependent to attend camp subject to regulations contained in the FRMBC CAMP code and to take part in all camp activities, including sports and games (unless otherwise indicated). I also absolve Flat Rock Missionary Baptist Church and/or camp staff from any liability to me or my child/dependent due to injury received at camp. If it is deemed necessary by the camp director that my child be sent home due to medical reasons or noncompliance to camp rules, I will be responsible for the expenses incurred, including transportation. I realize that all registration and camp fees are forfeited in such an instance.

In case of accident or other emergency, I hereby grant my permission to have the camp director or designated staff to authorize medical attention by a physician or hospitalization as necessary.

I also certify that the information on this form is true and correct to the best of my knowledge.

Signature of Parent or Guardian _____ Date _____

Health Information

Camper _____

Parent's Phone #(____) _____ Work #(____) _____

In case of emergency, we should notify _____

Address _____

Allergies _____

Medication Brought with the Child _____

Other Information _____

Date of Last Tetanus Shot _____

Parent's Insurance Company _____ I.D.# _____