

OFBC Kids Summer Registration-2008

OLD FORT BAPTIST CHURCH

10505 Dorchester Road-Summerville, SC 29485- (843) 873-2283 www.oldfortbaptist.org

Please complete the following registration form for your child to attend camp and summer activities, attach your check in the correct amount made payable to **Old Fort Baptist Church**. You may mail your form to the church address-Attn: Ann Quinn; or return it to the church office. If questions, please email Ann at annquinn7@aol.com.

I would like to register my child for the following: _____ Terrific Tuesday - Chuck E. Cheese- Jun 17 th (Rising 1st-3 rd Graders)-\$6.00 _____ Vacation Bible School –June 23-27_____ already registered online _____ Whirlin Waters’ Family Day –July 11 th (\$12.00)-No. of tickets:_____	Total Enclosed: \$ _____
3-D Thursdays (Pre-teen-Rising 4 th -6 th Graders)_____ Jul 10 th (\$20)_____ Jul 17 th (\$12)_____ Jul 31 (\$18)	
Game Plan Sports Camp Week –Jul 21st-25th- (Rising 1 st -6 th graders)-(\$40 per camp –select one) _____ Basketball_____ Cheerleading _____ Wii Sports Camp _____ Terrific Tuesday-Splash Day-Aug 12 th (Rising K-5-Rising 6 th Graders) - \$5.00	

Name: _____ Grade Completed: _____

Address: _____

City: _____ State: _____ Zip: _____

Subdivision: _____

Telephone: _____ Email: _____

Date of birth: _____ Gender: Male _____ Female _____

Mother’s Name: _____ Father’s Name: _____

Work Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Do you have a church home? _____ If so, where? _____

Please check the size T-shirt you will need: _____ Youth Small _____ Youth Medium _____ Youth Large
_____ Adult Small _____ Adult Medium _____ Adult Large

Does your child have any disabilities, handicaps, present injuries, limitations, allergies, heart condition or any other significant medical condition? _____ Yes _____ No

If yes, please explain: _____

MEDICAL RELEASE FORM: I, the undersigned parent or guardian of the above participant, a minor, do hereby authorize any employee, volunteer or other representative of Old Fort Baptist Church, as agents for the undersigned, to consent to medical care as needed or to take whatever action deemed necessary with regards to medical treatment by a licensed nurse, physician and/or clinic or hospital. In the event of any emergency, I understand that the appropriate measures will be taken to make sure that I am notified. In the event that I cannot be reached please contact:

Contact Name: _____ Phone: _____

WAIVER OF LIABILITY AND DISCLAIMER: I, parent or guardian of the above named individual, give permission for my child to travel to site destinations related to the camp or activity in the Summerville/Charleston area. I understand that transportation will be provided by the church van/bus and/or personal vehicles. I also hereby release, discharge and hold blameless Old Fort Baptist Church, authorized employees, volunteers or other representatives of Old Fort Baptist Church from any claims arising out of or relating to physical injury while participating in the above Camp.

Parent’s Signature: _____ Date: _____