

# Old Fort Baptist Church Preschool Ministry Summer 2008 Registration Form

Adult/Parent/Guardian \_\_\_\_\_ Phone/Home \_\_\_\_\_ Work \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Alternate/Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Church Home \_\_\_\_\_  
 Adult(s) you authorize OFBC to release child(ren) to \_\_\_\_\_

**Preschool Sports Camp:** Available for ages 3-5 (rising K-5) July 21-25 from 9 a.m. to noon. Limited to 48 participants. *Fee is \$25.*

**Family Day at Whirlin' Waters:** Available for all family members July 11 at 10 a.m. *Fee is \$12 per person.*

**Splash Day:** Available for rising K-5 through rising sixth graders August 12 from 10 a.m. to noon. *Fee is \$5 per child.*

**Teddy Bear Picnic:** M.A.C.A.R.O.N.I. group meets August 22 at 10 a.m.

Please list each person you wish to register and check every activity for which that person will participate in.

Participant's Name	Date of Birth	Age	Sports Camp \$25 Fee	Family Day \$12 Fee	Splash Day \$5 Fee	Teddy Bear Picnic	Total Fees Enclosed
	/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Does your child have any physical (disabilities, handicaps, present injuries, allergies, heart condition, etc) or emotional conditions of which we should be aware? Yes / No      If yes, please specify which child and describe the condition.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Medical Release Form

I, the undersigned parents or guardian of the above participant, a minor, do hereby authorize any employee, volunteer or other representative of Old Fort Baptist Church, as agents or 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 as quickly as possible. In the even that I cannot be reached, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Waiver of Liability & Disclaimer

I, parent or guardian of the above named individual, give permission for my child to participate in activities at all preschool activities sponsored by Old Fort Baptist Church of Summerville, SC, in Summer 2008. I hereby release, discharge and hold blameless Old Fort Baptist Church, authorized employees, volunteers or other representative of Old Fort Baptist Church from any claims arising out of or relating to physical injury while participating in the above activities.

Adult/Parent/Guardian Signature: \_\_\_\_\_ Date / / Relationship to Child: \_\_\_\_\_

**Return completed registration form and fees by June 9 to the church office.  
 Make check payable to Old Fort Baptist Church.**