

CAMP Castaway

Tweenage Summer Camp, June 27-July 1, 2010

Name: _____ Birthday (month, day, year): _____ Boy / Girl (circle one)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Grade in Fall: _____ School: _____

Parents' Name(s): _____ Work Phone: _____ Cell Phone: _____

Name of one friend in **same grade** I would like to share a cabin with: _____

Name of Tweenage Teacher: _____

Visitor - Name of student who brought me: _____

Please complete both sides of form and return or mail with payment to:

Kid Country • First Baptist Church • 1301 12th Street • Modesto, CA 95354

For more information: (209) 521-0181

OFFICE USE ONLY

Registration Date _____ App. _____

Date _____ Amt. \$ _____ Cash or Check # _____ Date _____ Amt. \$ _____ Cash or Check # _____

Date _____ Amt. \$ _____ Cash or Check # _____ Date _____ Amt. \$ _____ Cash or Check # _____

Date _____ Amt. \$ _____ Cash or Check # _____ Date _____ Amt. \$ _____ Cash or Check # _____

Health Record

Date of last tetanus immunization: _____ Penicillin or other drug allergies: None _____

Allergies: None _____ Known reaction to: Poison Oak _____ Bee Stings _____

Bed Wetter Sleepwalker

Remarks: _____

Does your child know how to swim? Yes No -- Remarks: _____

CIRCLE ALL the following medications that may be administered in case of minor accidents or illnesses:

Pepto Bismol or Tums
Tylenol

Sudafed
Cough Medication

Benadryl (lotion or tablets)
Calamine Lotion

Does your child have a **reaction** to any of the **above** medications? No Yes--please explain: _____

Medications your child is currently taking: None _____

Name AND identification number(s) of medical insurance company: None _____

Emergency contact (other than parent): _____ Phone: _____

It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to provide transportation home for my child if he/she fails to obey camp rules. Permission is also granted for medical treatment should any injuries, illnesses or accidents occur on this trip (June 27-July 1, 2010). This release form signed by the parent or guardian relieves First Baptist Church of any liability.

Signature of parent or guardian: _____ **Date:** _____