



## Wayside Kidz Camp Registration Form

**4K Completers – 13 years**

Phone: (305) 595-6550 x.120

Email: [campwbc@waysidemiami.com](mailto:campwbc@waysidemiami.com)

[www.waysidemiami.com/camp](http://www.waysidemiami.com/camp)

### Spring Break Camp Registration Form

#### I. Camper Information

Camper Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

School Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female \_\_\_\_\_ T-shirt Size (Youth: XS, S, M, L) \_\_\_\_\_ (Adult S, M, L, XL) \_\_\_\_\_

#### II. Family Information

Parent/Guardian #1 (First/Last/Middle) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

Parent/Guardian #2 (First/Last/Middle) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### III. Camper Pick Up Authorization

1. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Authorization Signature: \_\_\_\_\_

#### IV. Dates Attending

\_\_\_ April 10<sup>th</sup> \_\_\_ April 11<sup>th</sup> \_\_\_ April 12<sup>th</sup> \_\_\_ April 13<sup>th</sup> \_\_\_ April 14<sup>th</sup>

#### V. Rates

**\$35/day or \$120/ week preregistration must be completed with down payment of \$35 per day or \$120 for the week by April 6<sup>th</sup>.**

#### VI. Medical Information

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide us of any learning disabilities, emotional or physical conditions:

\_\_\_\_\_

List any or all medications your child will bring with him/her to camp:

Medical Condition:

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Medications:

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To be given when/how:

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### VII. Allergies

Medication Allergies:

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Describe reaction and management of the reaction:

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Food Allergies or Dietary Restrictions:

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Other Allergies (Include insect stings, hay fever, animal dander, etc.):

### VIII. Photos

May we use photos of your child in advertising for Wayside Baptist Church? Photos may appear in print or on our website. YES \_\_\_\_\_ NO \_\_\_\_\_

## Emergency Treatment Information - Please Read and Sign Below

Informed consent for Emergency Treatment: In case of an Emergency and if I can not be reached, I authorize the staff of Wayside Baptist Church to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges or fees.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_