

**2018 CAMP CHRISTWAY**  
**SUMMER CAMP REGISTRATION**

**Name of Child** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_

Birth date \_\_\_\_\_ Grade (entering fall 2018) \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_M \_\_F

**Name of Child** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_

Birth date \_\_\_\_\_ Grade (entering fall 2018) \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_M \_\_F

**Name of Child** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_

Birth date \_\_\_\_\_ Grade (entering fall 2018) \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_M \_\_F

**Ethnicity:** Tick one      ( ) Hispanic                      ( ) Not Hispanic

**Race:** ( ) Black or African American ( ) White ( ) Asian ( ) American Indian or Pacific Islander

**Child (Children) lives with (circle):** Mother Father Both Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Mother's Tel #: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Father's Tel #: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, and emergency:

Name	Relationship	Home #	Cell #	Address

**PARENTAL STATEMENT** I hereby give permission for my child to participate in all camp activities, including sports and camp-sponsored field trips, and hereby release ChristWay Baptist Church, and its staff, from any liability caused by injury to my child during camp-sponsored activities. I certify that I have read camp policies and procedures and agree to abide by them.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fees are as following:** CBC Member: \$115 weekly    Non-CBC Member \$125  
Registration Cost \$25 per child

**\*\* Camp Fee is due by Monday morning of each week \*\***

There is a \$25 non-refundable registration fee due at the time of registration. PLEASE ATTACH IMMUNIZATION FORM(S) WITH YOUR REGISTRATION FORM. **Application will not be accepted without them.**

**PLEASE INDICATE THE WEEKS YOUR CHILD WILL BE ATTENDING:**

___	Week 1	-	June 11	___	Week 6	-	July 16
___	Week 2	-	June 18	___	Week 7	-	July 23
___	Week 3	-	June 25	___	Week 8	-	July 30
___	Week 4	-	July 2	___	Week 9	-	August 6
___	Week 5	-	July 9				

## **Camp ChristWay Camp Rules and Expectations**

Parents,

Please review these expectations with your child so that he or she is aware of and understands the rules and expectations Camp ChristWay has for them.

- Campers are expected to be respectful to Camp ChristWay administrators, counselors, peers and all ChristWay Baptist Church staff members.
- Campers are expected to be respectful of each other's property.
- Campers are expected to clean up after themselves.
- Campers are expected to take responsibility for their own property. They should keep track of their towel, bathing suit and all other personal items.
- Campers are expected to wear SOCKS AND SNEAKERS at all times, unless authorized by a counselor.
- Campers are expected to use appropriate language at all times and should not be engaged in any form of bullying.
- Campers are expected to take responsibility for their actions and to tell the truth, even if it means admitting to wrongdoing.
- Campers are expected to participate in activities without exhibiting rough or aggressive behavior.
- Campers are expected to keep their hands, feet and the rest of their bodies to themselves. Any fighting will be brought directly to the director.

### **Consequences:**

Failure to comply with these expectations may lead to:

- Time Out
- Parent conference
- Non-participation in field trips
- Suspension or expulsion from camp



Please review this information with your child, fill in this form and return this portion to the director.

\_\_\_\_\_

Camper's Name

\_\_\_\_\_

Parent / Guardian Name

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Date

Camp ChristWay, LLC  
**HEALTH RECORD**

**Child's Full Name** \_\_\_\_\_  
Last First Middle

**Male / Female** \_\_\_\_\_ **Birthday** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_\_

**Parent or Guardian Name** \_\_\_\_\_

**If not available in an emergency, notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Does this child have any of the following allergies?**

Penicillin: \_\_\_\_\_ Other Drugs: \_\_\_\_\_

Insect Stings, Ivy Poisoning, etc. Hay Fever

**Does this child have any food allergies? \_\_Yes \_\_No**

If yes, please list them \_\_\_\_\_

**Does this child have any medical or health problems,** and has this child had any chronic or recurring illness or illnesses that we need to know about  YES  NO

If yes, describe the problems or illnesses \_\_\_\_\_

State the **name, address, medical specialty and phone number of this child's family Physician** and of any other Physician who should be consulted in the event of emergency or medical problems involving this child: \_\_\_\_\_

\_\_\_\_\_

**If there is medical or hospitalization insurance which provides benefits for this child, please complete the following:**

Name of Insurance Co.: \_\_\_\_\_

Policy No. of Insurance Policy: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Phone No. of Insurance Co.: (\_\_\_\_\_) \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*Immunization forms are required to be turned in with this Health Form.**