

CONQUEROR DAY CAMP REGISTRATION

THIS FORM MUST BE COMPLETELY FILLED OUT AND YOUR LIABILITY FORM SIGNED
IN ORDER FOR YOUR CHILD/CHILDREN TO BE ENROLLED INTO OUR CAMP!

Cell Phone: _____

Home Phone: _____

Account Name Street Address City/State Zip

Father's Name Place of Employment Phone # Ext.

Mother's Name Place of Employment Phone # Ext.

Age:	Student's Complete Name			Date of Birth	Circle One		Shirt Size:
	First	Middle	Last		Boy	Girl	
_____	_____	_____	_____	_____	Boy	Girl	_____
_____	_____	_____	_____	_____	Boy	Girl	_____
_____	_____	_____	_____	_____	Boy	Girl	_____
_____	_____	_____	_____	_____	Boy	Girl	_____
_____	_____	_____	_____	_____	Boy	Girl	_____
_____	_____	_____	_____	_____	Boy	Girl	_____

Child(ren) has permission to take: { } Pepto Bismol (12 years and older) { } Tylenol { } Tums { } Cough Drops

Emergency Contacts	Relationship	Phone #1	Phone #2
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorized Pick Up List	Relationship	Phone #1	Phone #2
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance Company: _____ Policy # _____

Unauthorized Pick Up: _____

Physical Problems or Allergies: _____

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Additional Comments: _____

Account Name: _____ Date: _____

Children Enrolling: _____	Family registration fee:	\$ _____
	Weekly amount due:	\$ _____
	Daily amount due:	\$ _____
	Insurance fee:	\$ 20.00 per child

The registration fee is due upon registering your child(ren) and the weekly fee is due the first day of each week that they attend Kamp Karuso.

Parents will need to bring a lunch for their child(ren). We will have a snack bar available each day.

By signing this financial agreement, you are obligated to pay according to the terms mentioned above and further understand that registration fees are non-refundable.

STATEMENT OF COOPERATION AND WAIVER OF LIABILITY

*****This document can not be altered. No wording can be added or deleted.**

I indemnify and save West Florida Baptist Academy and its employees, agents harmless from any liability or medical payments, resulting from my child(ren) participation in any school activities. I understand that West Florida Baptist Academy does not provide medical insurance coverage for my child(ren) and that any medical expenses incurred will be paid by either my own medical insurance or myself.

In the event that a West Florida Baptist photographer takes a picture with my child(ren) in it, I give my permission for my child(ren)'s picture to be used in the future brochures of West Florida Baptist Academy.

I further agree to hold the academy and its agents harmless for any liability to my child(ren) or any guardian or parent thereof because of any claims on behalf of my child(ren) against the academy or any agent thereof because of any injury or alleged injury to my child(ren).

Should legal action, for any reason, be taken against West Florida Baptist Academy or any employee or agent thereof, on my child(ren)'s behalf and the academy or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that West Florida Baptist or its agent should incur to defend itself against such action.

This Statement of Cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend West Florida Baptist Academy whether it be in the extended care, elementary, junior high, senior high, or summer programs.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed, updated, and delivered to West Florida Baptist Academy.

Father's Signature: _____ Date: _____

Father's printed name: _____

Mother's Signature: _____ Date: _____

Mother's printed name: _____

Signature of legal guardian(s) _____ Date: _____

Printed name of guardian(s) _____