



2011/2012

Registration, Medical & Photo Release

Camper's Name _____ Birth date _____

Age _____ Grade _____ Guppies 2 yr prior to K Stingrays K - 3rd Sharks 4th & 5th

Parents' Names _____

PHYSICAL Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____ Phone (cell) _____

Parents' Email _____

***Receive "A week at a glance" email so your child never misses out on any fun.

What is the best way to communicate with you (such as email or cell phone)? _____

Those who may pick up my child: _____

Emergency contacts: _____

MEDICAL INFORMATION

★ Please list any medical or food allergies, medications being taken, medical problems, restrictions, or any other pertinent information: _____

Name of Physician _____ Physician's phone _____

Insured Designated Hospital _____

Insurance Company (covering child) _____

Policy Number _____ Date of last Tetanus _____

I hereby give my consent to FBC Leadership to administer necessary medical treatment to my child in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if situation warrants, understanding that any expenses incurred will be my responsibility.

Photo Release: By signing below, you authorize FBC Bonita Springs to use any photos or video we make of your child. Photos and video will not be given or sold to any third party.

If you have any special instructions regarding the taking of photos or video, please indicate here: _____

MUST Sign in the presence of a Notary Public



Signature of parent/legal guardian _____ date _____

STATE OF FLORIDA COUNTY OF _____

Affix Notary Seal

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____

- PERSONALLY KNOWN TO ME
- PRODUCED AS IDENTIFICATION

Type of Identification _____

Notary Public, State of Florida at Large

Welcome bag given: _____ T-shirt size: _____ T-shirt given: _____