

Registration Form Student Life for Kids Camp 08

Summer Grove Baptist Church
8924 Jewella Ave
Shreveport, LA (318) 686-1470

To avoid delays, please print clearly in blue or black ink. Complete all information. Use N/A in those areas which do not apply.

Cost: \$225.00 Deposit: \$50.00

Child's Name _____ T-Shirt size _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ Boy _____ Girl _____ Grade Completed _____

Church Home? _____

Has child made a profession of faith? Yes No Been baptized? Yes No

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship _____

Note: If parents/guardians plan to be out of town during camper's stay at Austin College, we must have a phone number to reach them.

Family Physician _____ Phone _____

Do you carry medical/Hospital insurance? Yes _____ No _____

Carrier Name _____ Phone _____

Group Policy # _____ Name of Insured _____

Diseases (Diabetes, Bleeding Disorders...) _____

Allergies (Medicine, Food ...) _____

Limitations (Physical, Mental ...) _____

Date of Last Tetanus _____

Please initial any of the following that is ok to give your child: Tylenol --- dosage ---;
Benadryl --- dosage ---; Upset stomach meds (Pepto Bismol/Mylanta) --- dosage ---

***Please put ALL your child's meds in zip lock bag labeled with their name & dosage instruction.**

All information given is correct to the best of my knowledge. My child has permission to attend Student Life for Kids Camp and to engage in all camp activities. I authorize Summer Grove Baptist Church/Austin College and it's agents to obtain medical/dental care, in the event of an emergency illness or injury, for my child _____.
I accept responsibility for payment of expenses incurred as a result of treatment. I release Summer Grove Baptist Church/Austin College from all liability.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date