



Camp Solaris - LLRC VBS

Living Life Reformed VBS Registration Form

#1 Registration Information – Please Print

Full Name: _____ Birth Date: ____/____/____ Gender: Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Church (if applicable): _____
 School: _____

Grade Entering in the Fall of 2019: _____ VBS is for 3 year olds through kids entering 6th grade in the fall of 2019.

Father: _____	Mother: _____
Employer: _____	Employer: _____
Work #: _____ Cell #: _____	Work #: _____ Cell #: _____
Email: _____	Email: _____

Is there anyone (parent, relative, etc) who is **NOT** allowed to pick up your child? No Yes (Explain in attached letter)

#2 Medical Information & Health History

List any allergies and other restrictions which may hinder your child’s ability to fully participate in all VBS activities. Include pertinent physical, psychiatric and behavior related information. (Please attach additional sheet if necessary.)

#3 Parental Consent – Must be signed by Parent or Guardian

- My child has permission, without restriction, to participate in all snacks, regular and special programming, including out of camp trips, transportation, and Overnights, unless I notify the camp otherwise in writing. I understand and realize Camp Sunshine will follow safety procedures, but that all physical activities include a certain risk and that Camp Sunshine assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that any and all camp activities include certain risks and dangers. These risks include, but are not limited to loss of or damage to personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all Camp Sunshine activities and the services and food arranged (when applicable) for my child by Camp Sunshine, and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold Camp Sunshine and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips and related participation in any other activities arranged for by Camp Sunshine, its agents, servants, and employees. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.
- In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child. My child’s physician or his/her office should be contacted, if possible.
- I authorize the camp to administer Children’s Motrin, Children’s Tylenol, Antacid (Tums), Children’s Benadryl, anti-diarrheal tablets (Imodium), cough drops, and eye drops for appropriate symptoms. I understand that certain topical over-the-counter medicines and products such as Cortizone, Bactine, Caladryl, Benzocaine, therapeutic grade essential oils, sunscreen, and bug spray are used for bee stings, poison ivy, bug bites, abrasions, skin irritations, upset stomachs and other preventative measures. If any medicine listed above or any topical medicine is unacceptable, I will notify Camp Sunshine in writing.
- I also understand that Camp Sunshine reserves the right to dismiss any camper when it is deemed necessary by the directors to be in the best interest of the child or the camp. There will be no refunds for campers dismissed for disciplinary reasons.
- I also give permission for Camp Sunshine to use my child’s name, voice, testimonial, and/or picture in any type of promotional material, press releases, and news stories about camping or Camp Sunshine. I understand that I can notify a director in writing if this is unacceptable.
- I give Camp Sunshine my permission to give out phone numbers, electronic and/or mailing addresses for carpool lists, social purposes (i.e. birthday parties, play dates, etc.) and other camp related promotions, events or activities. I understand that I can notify the office if this is unacceptable.
- I understand that by signing this Parental Consent form I affirm that I have read and agree to the above and assume responsibility for payment of camp tuition and fees.

Parent’s Signature _____ Date _____