

SILOAM2010

registration/medical form

CHURCH INFORMATION

Church Name: Immanuel Baptist Church
Church Contact Person: Traci Hogue
Church Mailing Address: 501 N Shackleford Rd
City/State/Zip: Little Rock, AR 72211
Church Phone #: (501) 396 - 3347
Church Fax #: (501) 396 - 3304
Email Address: traci.hogue@ibclr.org

CAMPER INFORMATION

LAST Name: _____ FIRST Name: _____
Address: _____
City/State/Zip: _____
Phone #: () _____ - _____
Grade Completed _____ Birthday ____/____/____ Gender: M or F
(As of June, 2010) (Please Circle)

MEDICAL INFORMATION

List any special needs, food allergies, or medicine allergies.

Is camper taking any medications regularly? YES or NO (Please Circle)
If yes, what/when/how much, etc.? _____

Is camper insured? YES or NO (Please Circle)
If yes, please fill out medical insurance information completely.

Medical Insurance Company Name: _____
Address: _____
Phone #: _____
Policy # _____ Group # _____

In case of an accident or illness while attending the Arkansas Baptist Assembly, I hereby give permission for any necessary medical treatment to be given to my child,
_____, by medical

(Child's Name)

personnel. I understand that payment for medical care will be my responsibility and not that of the Arkansas Baptist Assembly. **NOTE:** Some camp insurance may apply in case of an **accident**.

(The Arkansas Baptist Assembly is NOT equipped for handicapped persons.)

Parent/Guardian Name: _____
(PRINT)

Parent/Guardian SIGNATURE: _____
(REQUIRED if camper is under 18 years of age)

Camp Fee is \$150.00.

You must complete the "Camper Information" and "Medical Information" and return this form to the children's office along with your \$50 deposit by April 11th. Checks should be made out to Immanuel Baptist Church (IBC). Your remaining \$100 will be due by June 6th.

If you have any questions please contact Traci Hogue at 501-396-3347 or traci.hogue@ibclr.org.

WEEK ATTENDING

summer camp 2010

- 1: June 14 - 18
 2: June 21 - 25
 3: June 28 - July 02
 4: July 05 - 09
 5: July 12 - 16
 6: July 19 - 23 (YOW)
 7: July 26 - 30 (COW)

Please circle the camp you will attend:

CHILDREN'S PARK

(Completed 3rd - Completed 5th)
(COW - completed 3rd - completed 6th)

OR

YOUTH

(Completed 6th - Completed 12th)

housing request

(Please Check Appropriate Box)

DORM (Completed 3rd - Adults [no preschoolers])

- \$130 Adult Camper
\$130 Youth/Child Camper
Free Dorm Supervisor (DS)
(19 years old or older, 1-12 ratio)

FAMILY UNIT (Adults/Preschool)

- \$135 Adult
\$60 Preschooler
(1 year old - completed 2nd grade)
\$20 Infant (11 months & under)

RV SPACE

- \$60 1-3 Persons
\$25 Each Additional Person
\$45 Meals per Person
\$6 Individual Meals

TSHIRT SIZE

- YS
 YM
 YL
 YXL
 AS
 AM

A t-shirt is included in your camp fee.