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| **Home Address** | | | | | | | | | | | | | | | | | |
| *Address* | | | | | | | | | *City* | | | | | | *State* | | *Zip* |
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| **Parent/Guardian Information** | | | | | | | | | | | | | | | | | |
| *Last Name* | *First Name* | | | *Relationship to Child(ren)* | | *Home*  *Phone* | | | | | *Cell*  *Phone* | | | *Email*  *Address* | | | |
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| **Alternative Contacts If Parent/Guardian Cannot Be Reached** – Only those listed are authorized to pick up child(ren) | | | | | | | | | | | | | | | | | |
| *Name* | | | | | *Relationship*  *to Child(ren)* | | | | | *Home*  *Phone* | | | | | | *Cell*  *Phone* | |
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| **Child 1 Child(ren)****Information** *(please complete all information)* | | | | | | | | | | | | | | | | | |
| **Last Name:** | | **First Name:** | | | | | | | | | | | **Birthday (mm/dd/yy):** | | | | |
| **Allergies/Medical:** | | | | | | | | | | | | | | | | | |
| **Medication (any medication must be in original container)** | | | | | | | | | | | | | | | | | |
| **Special Concerns/Needs:** | | | | | | | | | | | | | | | | | |
| **Family Doctor:** | | | | | | | | **Office Phone:** | | | | | | | | | |
| **Child 2 Child(ren)****Information** *(please complete all information)* | | | | | | | | | | | | | | | | | |
| **Last Name:** | | | **First Name:** | | | | | | | | | **Birthday (mm/dd/yy):** | | | | | |
| **Allergies/Medical:** | | | | | | | | | | | | | | | | | |
| **Medication (any medication must be in original container)** | | | | | | | | | | | | | | | | | |
| **Special Concerns/Needs:** | | | | | | | | | | | | | | | | | |
| **Family Doctor:** | | | | | | | **Office Phone:** | | | | | | | | | | |

* I give permission for my child to participate in activities at Calvary Baptist Church, Rhinelander WI. Activities may include walks and videos. I understand that Camp Calvary is a church-based program. I understand that my child must be picked up by 4:00pm. I authorize the volunteers and staff to administer emergency medical first aid treatment or to call for emergency medical response.

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Signature of Parent or Legal Guardian Date

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| Insurance Co: |  | Insurance # |  |

* I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child’s name will not be published or linked with photographs.

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Signature of Parent or Legal Guardian Date

**Camp Calvary will operate from 8am to 4pm on October 21, January 20, and April 13. Some activities will be outdoors; please make sure your child is dressed appropriately for the weather. Pick-up after 4:00 pm without notification will result in elimination from program.**