

# REGISTRATION FORM

## BEACH CAMP 2019

July 22 - 26, 2019 | Student Life Beach Camp, Galveston, TX | Southcliff.com

PLEASE PRINT NEATLY

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Current Grade / 6-12 (Spring 19): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Camper's Phone: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_

Please list any medical condition / allergies / etc. that we should be aware of: \_\_\_\_\_

Use separate page if needed. NOTE: if the student is taking medicine to camp, a separate form will be provided at the **Mandatory Meeting, Sunday, July 14 at 12:30 PM in Fellowship Hall.**

In Case of Emergency, if parents cannot be reached, please contact \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Camper's Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Gender:  M  F T-Shirt Size \_\_\_\_\_ (S, M, L, XL, XXL) Religious Background: \_\_\_\_\_

Camper is new to Southcliff and is coming as a guest of: \_\_\_\_\_

### TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN

Does your child have your permission to get into the **pool**?  YES  NO Does your child have your permission to get into the **ocean**?  YES  NO

How would you describe your child's **swimming ability**?

Does not know how to swim  Not a very good swimmer  A good swimmer  A certified lifeguard

#### By signing below I agree to the following:

- I realize that the discount cost for camp is **\$275. Beginning April 14, the price will be \$300.**
- I will include a **\$50 deposit** along with this registration form. This can be cash, check written to "Southcliff," or credit card at the Information Center or Church Office. Online payments at [www.southcliff.com/beach](http://www.southcliff.com/beach) camp.
- I commit to pay the remaining **balance** no later than **Sunday, June 9.**
- Alternately, I may pay the entire amount of **\$275 or \$300 in full** at registration.
- I realize that payments are **non-refundable.**
- I realize that camp spaces are limited. If I **fail to make payments**, my child may be placed on the **waiting list.**
- If I would like to apply for a **need-based scholarship**, this will need to happen **before registration.** Ask for a scholarship application.
- I understand that **each camper** and **at least one parent or guardian** must be present at the **Mandatory Meeting, Sunday, July 14. Check-in process begins at 12:30 PM in Fellowship Hall. Camper/Parent meeting begins after lunch is served in Fellowship Hall.**
- **I release Southcliff Baptist Church**, its members, officers, agents, employees, and volunteers from any liability for any actions taken in good faith relating to any injuries or illnesses which might occur.
- I give the authority to any student ministry representative to make decisions for this student to receive **medical treatment** that may be required.
- **I release Southcliff Baptist Church**, its members, officers, agents, employees, and workers from any expenses that might occur in relation to any injuries or illnesses.
- **I agree to be responsible** for any damages or other unforeseen expenses incurred by the action of my child.
- If the camp leadership deems it necessary, I will promptly travel to camp to **pick up my child** at my expense.
- **You will need to complete the Student Life Registration Form in addition to the Southcliff form. The Student Life Form must be signed in front of a Notary and turned in by Sunday, June 9.**

**I have read the above information, I agree to it fully, and give my consent in its entirety.**

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian's Printed Name)

\_\_\_\_\_  
(Date)

# BEACH CAMP 2019

# HEALTH INFORMATION

TO BE COMPLETED BY A PARENT OR GUARDIAN

**Name of Camper:** \_\_\_\_\_

- Below is my most current insurance information:

Name of Primary Insured \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

- My child does not have medical insurance.

- Below is the camper's most recent health / diagnosis information:

\_\_\_\_\_  
\_\_\_\_\_

- My child **will not** be taking prescription medication at camp.

- My child **WILL** be taking prescription medication at camp.

- If my camper requests over-the-counter medicine for minor ailments (examples: Ibuprofen, Acetaminophen, Benadryl, Sudafed, Neosporin, Midol, Pepto Bismol, Imodium AD, etc.), a camp leader has my permission to administer this as recommended with the following exceptions:

\_\_\_\_\_

- Do not give my camper any over-the-counter medication without my verbal consent. If I cannot be reached by phone, camp staff will not give my child over the counter medicine.

\_\_\_\_\_

- My camper is currently taking the following medications:** \_\_\_\_\_

\_\_\_\_\_

- My camper is allergic to the following medication:** \_\_\_\_\_

\_\_\_\_\_

Note: All medications (original bottle) needs to be in a Ziploc bag with the camper's name on it.

Medication will be collected at camp check in at Southcliff.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date