

For office use only: Date received: _____

Amt: \$ _____

ck# _____

Shelby: { } e list: { }

FOCUS POINTE REGISTRATION FORM

Middle School Pacesetters Camp June 2nd – 7th, 2019

This form must be filled out and turned in along with your

\$50 non-refundable deposit to secure your spot *(excluding early bird)*

Cost for camp

*Early Bird \$275 until April 10th – **Paid in FULL***

April 11th to May 1st - \$295

May 2nd - \$350

(PRINT CLEARLY PLEASE)

Name: _____ Grade **COMPLETED:** _____ Gender: M F

Address: _____ City _____ State _____ Zip _____

Date of Birth _____ School Attending _____ T-shirt Size (adult sizes): _____

Home Phone: _____ Student Cell Phone: _____

Parents Name: _____

Mom email: _____ Mom cell: _____

Dad email: _____ Dad cell: _____

Student's Name: _____

Friends (same gender) who you want to room with:

Comments: _____

OAKWOOD BAPTIST CHURCH STUDENT MEDICAL FORM

NAME: _____
(LAST) (FIRST) (MIDDLE)

PARENT'S NAME: _____
(FOR THOSE UNDER 18)

ADDRESS: _____ ZIP: _____

PHONE: _____ BUSINESS PHONE: _____

EMERGENCY Contact & PHONE # _____

List below any physical defects or conditions you have, such as allergies, nervousness, headaches, dysmenorrheal, etc. _____

Should you at any time during the trip require medical attention, list any special instructions which you might require, such as being allergic to penicillin, having a rare blood type, etc. _____

CURRENT IMMUNIZATION STATUS: Tetanus _____ Polio _____

MEDICAL INSURANCE: Company Name & Policy Number

Permission for Medical Treatment

To Be Filled Out By Parents or Guardians of Young People Under 18 Years

I, _____, the parent and/or guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on **any trips sponsored by Oakwood Student Ministry while they are an active participant in this ministry.**

I further expressly grant my permission for my child to participate in all activities while on the trip. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Oakwood Baptist Church, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge, and covenant to harmless Oakwood Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages or liabilities arising out of the treatment of any sickness or accident, and from any financial responsibility for all medical treatment provided during the attendance of any trips.

SIGNATURE

Photograph/Video Notice

I understand that as a participant in the Oakwood Student Ministry, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials for OSM (i.e. Website, posters, flyers).

SIGNATURE

Date: _____