

Day Camp Registration Form - due by June 30
Complete a form for each child - both sides of sheet
We are limited to 40 children so register early to ensure a space.

Who: Students who will be in grades 1st – 5th this fall

When: Monday July 20th – Thursday July 23rd 12:00 noon – 5:00 p.m.

Where: Barneveld United Church of Christ, 104 S. Jones Street, Barneveld 924-1767
(Children are bused from UCC to Brigham Park in Blue Mounds)

Sponsored by: Barneveld Community Churches

There will be a closing potluck dinner at 6:00 p.m. and program to follow on Thursday evening, July 23rd.

Cost per child is \$35.00. Make check payable to ***Barneveld Lutheran Church***

If you are unable to pay the full amount pay what you can. We do not turn children away for lack of funds.

Name of Child: _____ **Age:** _____

Grade in fall 2009: _____ **Date of birth:** _____ **Sex:** _____

Address: _____ **City:** _____

Parent/ Guardian: _____ **Phone #:** _____

Emergency Contact Person and Phone # _____

If you're a member of a church, which church: _____

Please indicate how your family is willing to help:

Please sign up to help in one of these ways:

_____ I am willing to lead a rotation for Vacation Bible School

_____ I am willing to be a helper for Day Camp at Brigham Park

_____ I am willing to be provide lunch for one day for the Sugar Creek counselors

_____ I am willing to be host the Sugar Creek counselors for dinner one evening

_____ I am willing to help with set up/ serving/ clean up for the potluck supper on Thursday evening.

Health History: Does your child have any health conditions we need to be aware of while at Day camp? If so please state it here in detail. (Example - allergic to bee stings, foods, asthma - inhaler needed etc)

Parents Signature _____ Date: _____

Please complete bus transportation release form reverse side

DAY CAMP Transportation Form

Dear Parent:

Participation in Day Camp is an opportunity for Christian growth, fun and fellowship for your child

Operating the program at Brigham County Park at Blue Mounds greatly enhances the Day Camp experience.

We plan to transport the children by school bus from the Barneveld United Church of Christ facility to the park and back again to the church facility for the 4 days of Day Camp. In the event of rain camp will be held at the church

We use a bus and driver from the Barneveld School District and pay for this service. However The Barneveld School district is in no way responsible in the event of any injury incurred and requires that all parents authorize a release of liability whose children will be using this service.

Campers will leave Barneveld UCC facility by bus at 12:00 noon and return to the church facility at 5:00 p.m. each day July 20 - 23.

Please know also that Day Camp counselors accompany the students on the bus.

Please sign and return the RELEASE OF LIABILITY form below with your registration.

The following information is needed for your child to take part in Day Camp.

PERMISSION TO RIDE THE BUS, Release of Liability:

You have my permission to transport my child _____, by school bus, to Brigham Park for the Day Camp program. I understand that this permission includes releasing the Barneveld School district from any liability in event of accident or injury.

Parent Signature _____ Date: _____

DAY CAMP HEALTH FORM

SUGAR CREEK BIBLE CAMP HEALTH HISTORY 2009			Code No (office only)		
<small>PLEASE COMPLETE BOTH SIDES- SEE NOTE BOTTOM OF PAGE</small>					
Name (Last, First, MI) (Print Clearly)			Date of Birth		Age
					Sex (Circle One)
					F M
Mailing Address			City		State
					Zip

Parent / Guardian	Phone (s)
IF NOT AVAILABLE IN EMERGENCY CONTACT (1)	Phone
IF NOT AVAILABLE IN EMERGENCY CONTACT (2)	Phone

HEALTH HISTORY – CHECK GIVING DATES / PERTINENT INFORMATION

Diabetes	Asthma	Drug Allergies
Heart Conditions	Bee Stings	Outside Allergies
Seizures	Chicken Pox	Food Allergies
Fainting Spells	Measles	Behavior
Fractures/Dislocations	Mumps	Sleep
Operations / Serious Injuries (Include Dates)		
Chronic / Recurring Illnesses (Include Dates)		

IMMUNIZATION RECORD-CHECK GIVING DATES

DPT	Polio	Tetanus (last one)	Hepatitis B
Small Pox	Measles	Mumps	Rubella
TB (Pos / Neg)	Lyme (Pos / Neg)	Influenza	Other

Other Information / Details from Above
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Restrictions
Medication

Please turn page over for more information. Don't forget the required signatures doctor & parent.

Dear Parent/Guardian:

This health form is required by the state of Wisconsin and **must** be a part of our registration **before** your child attends camp. Please carefully complete all blanks on this form and return it to your congregation's Day Camp Coordinator by the requested due date. If your child has special needs or circumstances, please see your Coordinator.

PHYSICIAN'S INFORMATION	
Name	Clinic
Address	Phone number/extension
INSURANCE INFORMATION	
Company Name	Card Holder's Name
Address	Phone
Group Number	ID Number
Please return this health form to your church's Day Camp Coordinator.	

Parent / Guardian Authorization: This health form is correct as far as I know, and the person herein described has permission to engage in all activities, except those noted on this form. In the event of an emergency, and I cannot be reached, I give permission to the physician selected by the camp to give necessary medical treatment to the person listed above. I also give Sugar Creek Bible Camp permission to use any photograph or video of my child taken at camp in future promotions and publications of Sugar Creek Bible Camp. *(If you do not want your child's photo taken, please staple an additional note.)*

Signature: _____ Date: _____



Field Trip Permission Slip

(Complete this portion if you child will be participating in any field trips away from the main day camp site.)

My Child, _____, has my permission to participate and be transported in any field trips taken during the Sugar Creek Bible Camp Day Camp sponsored by our church.

Parent/guardian's printed name: _____

Parent/Guardian signature: _____ Date _____

Dates of Day Camp _____ Church _____