



Camper Registration Form

First Christian Church of the Beaches
Teens In Motion Student Ministry
2125 Ocean Front
Neptune Beach, Fl 32266
904.246.2010 www.fc2b.org

July 13 - 17, 2020

Please fill in forms COMPLETELY, attach copy of your INSURANCE CARD, return

Camper name _____
First Name _____ Middle _____ Last Name _____

Birthday Month _____ Date _____ Year _____ Grade completed _____

Mailing Address _____
City _____ Zip _____

Home Phone _____ Cell Phone _____

Camper email _____

T-shirt size Adult S M L XL 2XL

Parent Name _____

Address _____ City _____ Zip _____

Phone Cell _____ Work _____

Alternate Emergency Contact _____

Phone Cell _____ Work _____

Health Insurance

Yes No

If yes, please provide a copy of the insurance card, front & back

Physician Name _____ Phone _____

Health Information

Is camper in good health and able to participate in all camp activities?

Yes No

If no, please explain

Does camper have any allergies?

Yes No

If yes, please explain

Does camper have any health history that may be informative to camp staff?

Yes No

If yes, please explain

I give permission for my child to receive over the counter medications such as Advil, Tylenol?

Yes No

Are there any medications that the camper will need to take during the week of camp?

Yes No

If yes, please detail medication, dosage and frequency _____

*CELL PHONES will not be permitted at camp. Please leave them at home.

I give my consent for _____ to attend the ROOTED summer camp. In case of a medical emergency, I hereby give permission to the physician selected by First Christian Church and their staff to seek treatment for my child. I release First Christian Church and its agents from liability in injuries due to accidental injury, during on campus or off campus events. I also understand that in the event that my child is disruptive or does not follow camp rules, I will be responsible to pick my child up from the camp immediately.

Parent/Guardian Signature _____ Date _____

Witnessed by _____ Date _____