



For kids completing

grades 3-5

@ Zephyr Baptist Encampment in

Sandia, Texas

\$190 IF YOU

REGISTER and PAY \$45

deposit by May 21.

The price goes up to \$210 after dead-
line.

Space is limited so make sure to regis-
ter early.



▶ ▶ ▶ **REGISTRATION PROCEDURES** ◀ ◀ ◀

Parent/Guardian must turn in a **PRINTED** Camp Permission Form for ACC with the \$45 deposit **THEN** register the child **ONLINE** for camp. **A Code is needed to complete online registration!** The \$45 non-refundable deposit and the Camp Permission Form must be returned to by May 6th to secure one of our reserved spots. **It is first-come first-served.**

**To receive forms, online registration links, and code
please email Rachel Mayfield– rachel@alamocommunity.org**

Pay on Push Pay Online OR

**Make checks payable to Alamo Community Church with
“Kids Camp” and the camper’s name in the memo line.**

Fee includes transportation, meals (Sun dinner through Wed breakfast), Lodging with A/C, Camp T-shirt, On-site Nurse, and All Activities.

Activities: Worship, Teaching, Swimming, Kayaking, Water Slides, Gaga Ball, Inflatables, Team games, and Much Much More!

Details: We will meet to load a chartered bus on Sunday morning, July 8th. **Bring your lunch to eat on the bus.** We will return to the church on Wednesday, July 11th at approximately 1pm .

Parents must return this form to Rachel with a \$45 deposit AND register online by May 6 to reserve a spot.
 When a deposit is received, a password will be issued for you to use on the camp website link
<http://www.campzephyr.org/kids-camp>

Alamo Community Church Kids Camp Permission Form

I, the undersigned parent or guardian of (child's name): _____, do hereby authorize adult workers with the children of Alamo Community Church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital, for the camp dates **July 8-11 2018** I do, hereby, expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

WAIVER OF LIABILITY STATEMENT

I, the parent or legal guardian of the child listed above, release Alamo Community Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in or traveling during the activity listed.

I (check one) ___ Do or ___ Do not consent to the use of any video, images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release to be used, distributed, or shown as Alamo Community Church sees fit, including but not limited to publications or web sites.

I understand all reasonable safety precautions will be taken at all times by Alamo Community Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Alamo Community Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this release form.

Child's Name _____ male female

Grade Completing: _____ Birthday: ___/___/___ School attending: _____

Parents' Names _____

Parent Email: _____

Parent Phone: _____ Other Phone(s) : _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone Number : _____

Anyone NOT allowed to pick up your child : _____

Medical Information:

Significant allergies/Reactions: (food or medicine) _____

Medications to be given at camp: _____

Other Important Personal/Medical Conditions or Information: _____

Child's Doctor: _____ Phone: _____

Health Insurance Carrier: _____ Member ID: _____

Insurance Policy Holder : _____

I give the leaders of Alamo Community Church permission to administer the following over-the-counter drugs to my child:

- _____ Acetaminophen _____ Antacid _____ Antihistamine
- _____ Ibuprofen _____ Anti-nausea _____ Antihistamine Cream
- _____ Naproxen _____ Anti-diarrhea _____ Antibiotic Ointment

Signed: _____ Date: _____
 Parent or Legal Guardian