



Registration Form

Please submit all registration forms and fees to
 Poplar Springs Baptist Church by May 31st
 to ensure a spot.

When: June 10th – 14th, 2019
 9:00 a.m.-3:30 p.m.

Where: Poplar Springs Baptist Church
 Family Life Center

Who: Rising 2nd – Rising 6th Graders

Cost: \$50 *Due to limited space available this year
 please do not plan to show up and register AT camp.*

Hosted by: Poplar Springs Baptist Church

Child's Name: _____ **Gender:** M or F

Next Year's School Grade 2019-2020: 2nd 3rd 4th 5th 6th

Medical Conditions/Medications: _____

Allergies: _____

Name of Church Currently Attending: _____

Please provide the phone number(s) where you can be reached during regular camp hours.

Parent's/Guardian's Name: _____ **Phone #:** _____

Mailing Address: _____

Email Address: _____

Parent's/Guardian's Name: _____ **Phone #:** _____

Mailing Address: _____

Email Address: _____

Additional Emergency Contact: _____ **Phone #:** _____

The above applicant(s) is in good health and has my permission to participate in Camp HoriSon. In the event of medical emergency while my child is participating in Camp HoriSon, I authorize the leaders of Camp HoriSon from Poplar Springs Baptist Church and/or leaders from other participating churches to release the following information to the healthcare provider. I understand that the camp leaders will use the contact information provided to reach me in the event of such emergency. If any emergency medical procedures or treatments are required during Camp HoriSon, I give permission for the camp leaders to consent to the procedures or treatments deemed necessary. I also give permission for my child to travel with Camp HoriSon leaders and volunteers either on the church bus/van, rental vehicles, or in personal vehicles. I hereby waive and release camp leaders/volunteers, Poplar Springs Baptist Church and/or any other participating churches from all liability or injury incurred while attending camp. I will pay the costs of any such medical procedures or treatments. I also give permission for any photos taken to be used for church purposes such as the website, Facebook page, brochures, etc.

Family Physician: _____ **Phone Number:** _____

Name of Insurance Company: _____ **Policy #:** _____

Parent/Legal Guardian Signature

Date