



Bayshore

CHRISTIAN SCHOOL

3909 S. MacDill Ave. • Tampa • FL • 33611
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www.bayshorechristianschool.org

Camp Bayshore 2010 Registration

Office Use Only
\$35/\$50 Registration Fee Paid
FEE IS NON-REFUNDABLE
Date Received: _____
Check #/Cash/CC: _____

NOTE: Registration will not take effect until the Registration Form (2 sides) and Payment Contract (2 sides) have been completed in full and turned into the school office along with the \$35 (before June 1) or \$50 (after June 1) per child registration fee.

Date: _____ Grade entering in 10-11: _____

Camper's Name: _____ Sex: ____ Birth date: _____
Last First Middle

Home Address: _____ Home phone: _____
street
city state zip code

Parent Information

Mother's Name: _____ Employment: _____

Cell phone: _____ Work phone: _____

Father's Name: _____ Employment: _____

Cell phone: _____ Work Phone: _____

*Parent email address: _____

Camper t-shirt size (please indicate youth or adult size): _____

Who has permission to pick up your child?

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Child's Doctor: _____ Phone: _____

Allergies: _____

Health Problems: _____

Medications: _____

Are all shots up to date? _____

*This is how we will contact you to let you know your child's registration has been approved and processed. If you have no email address, please indicate the best way to contact you with this information. EMAIL IS PREFERRED, however. Thanks!

Authorization for Emergency Medical Treatment

If my child _____, should become ill or injured at Camp Bayshore, administration will:

1. Contact me immediately;
2. Contact the person(s) I have designated if I cannot be reached.

If the administration is unable to reach me and/or the person(s) I have designated, camp/school officials are authorized to contact my child's physician and /or arrange for immediate emergency treatment.

The physician and/or medical facility is authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

Signature _____

Relationship _____

Date _____

Permission to Transport

I hereby give permission for my child, _____, to be transported to and from any camp-sponsored activity or field trip on authorized camp vehicles.

Signature _____

Relationship _____

Date _____