



South Hempstead Baptist Church
 81 Maple Ave ♦ Hempstead, NY 11550
 (516) 481-7090
 Rev. Phillip B. McDowell, M. Div., Pastor
 2024 Youth Summer Camp

OFFICE USE ONLY	
Camp Fee	\$
Amt. Encl.	\$

Youth Camper's Application

Last Name: _____ **First Name:** _____

Circle One: *Boy or Girl* **D.O.B.:** ___/___/___ **Age:** _____

Phone #: _____ **Date of Last Tetanus Shot:** _____

Email Address: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

<u>Camp Fees:</u>
Early Arrival: \$ 10/day
Deposit: \$200/child <u>DUE: June 1st</u>
<u>Pricing:</u> \$950 <u>Balance</u>
<u>DUE:</u>

List all pre-existing medical conditions and prescribed medications. (All meds must be in pharmacy labeled container.)

Allergies & Reactions:

Camp Tuition – I have enclosed \$ _____ (Make checks payable to: South Hempstead Baptist Church)

PARENT/GUARDIAN MUST COMPLETE BEFORE APPLICATION WILL BE ACCEPTED!

I hereby give permission for my child to participate in all activities of the SHBC Summer Camp, and waive all claims to injury or loss of property arising out of participation in said camp with the leaders of this camp, other participants, and the Church. **Parent/Guardian Initial Here:** _____

I understand that the Camp Insurance Policy provides **secondary** coverage, and I provide primary coverage for my child. I accept financial responsibility for medical costs beyond limits of camp policy stated here: Medical & Hospital \$2500 and Dental \$300; eyeglasses are not covered if damaged/lost. All claims must be filed within the year of accident. **Parent/Guardian Initial Here:** _____

If I cannot be reached in an emergency situation, you have my permission for qualified medical professionals to treat my child.

Parent/Guardian Initial Here: _____	Phone#:
Parent/Guardian Name:	
Parent's Email:	Policy #:
Insurance Company Name:	Date:
Parent/Guardian Signature:	Phone#:
Emergency Contact:	