



July 13-17
9:00-3:00
Boiling Springs
First Baptist Church



KIDFUGE is...

A BIBLE CAMP FOR
RISING 2ND-7TH GRADERS,
SPONSORED BY THE YOUTH OF
BOILING SPRINGS FIRST BAPTIST

REGISTRATION:

\$55 per child before June 1st.
\$65 per child from June 1st-14th.
\$75 per child from June 14th-July 1st.
***JULY 1ST AT 3:00 P.M. IS THE
ABSOLUTE DEADLINE FOR REG-
ISTRATION! WE WILL ACCEPT
NO OTHER REGISTRATIONS
AFTER THIS DATE AND TIME.***
*In order to best meet the needs of the
campers and the student leaders, we now
have a deadline for registration.*

REMEMBER!

WE WILL HAVE **DIRTY GAMES ON
WEDNESDAY!!**
WE HAVE LOTS OF ACTIVE
EXPERIENCES EVERY DAY!
DRESS IS **VERY CASUAL!!!**
CHILDREN NEED TO BE ABLE
TO **RUN** (NO HIGH HEELS, FLIP FLOPS,
ETC.) AND **GET DIRTY** EVERY DAY.

Each day's activities include:

MORNING CELEBRATION

Small Groups

Great Lunch

Great Games

Time with New Friends

Hangin' with

TO REGISTER:

FILL OUT THE BACK OF THIS FORM
AND MAIL WITH PAYMENT TO:
ANN COLLINS
BOILING SPRINGS
FIRST BAPTIST CHURCH
3600 BOILING SPRINGS ROAD
BOILING SPRINGS, SC 29316
OR PLACE FORM WITH PAYMENT IN
THE KIDFUGE BOX LOCATED IN THE
CHURCH ATRIUM.

For the safety of our children, all Kidfuge staff
members will be wearing a current Kidfuge
t-shirt and lanyard.

Questions?

Call Ann Collins at 578-2828 ext. 103 or email
her at ACollins@bsfbc.org

FOR OFFICE USE ONLY!
Date: _____
Cash or Ck # _____
Form Completed _____
Parent's signature _____
Form received by _____
T-shirt size _____

Registration Form for
Kidfuge 2009—July 13-17

**A PARENT OR PARENT REPRESENTATIVE MUST CHECK EACH CHILD
IN ON THE 1ST DAY OF KIDFUGE.**

REGISTRATION DEADLINE IS WEDNESDAY, JULY 1, 2009 AT 3:00 P.M.

No registration forms will be taken after this date and time.

Child's Name _____ Male _____ Female _____ Birth date _____

Grade in Fall 2009 _____ Age _____ T-shirt size (please circle) Youth S M L Adult S M L XL

Parent/Guardian Names _____

Address: Street _____

City, State, Zip _____ Email address: _____

Phone numbers: Home _____ Cell _____ Work _____

Does your family regularly attend church? _____ If so, where? _____

If your child brings a friend who is not a church member and you would like for the two of them to be placed in the same class, please list their name here AND attach their application with yours. _____

In the event of an emergency, and we cannot reach you, whom do we call?

Name	Phone number	Their relationship to the child
1. _____	_____	_____
2. _____	_____	_____

1.

2.

Dismissal Information:

An adult must pick up each child from Kidfuge *from the classroom* each day. Please list all adults' names, ***including your own***, who may ever pick up your child. (If someone comes to pick up your child who is not on this list, you will be contacted to verify that it is safe to allow your child to go with this person.)

Is there anyone who may NOT pick up your child? _____

MEDICAL RELEASE

Does your child have any disabilities, handicaps, present injuries or limitations, allergies (**including food allergies**), hemophilia, heart condition, history of respiratory illness or any other significant medical conditions? ____ Yes ____ No.

If yes, please state problems: _____

List ALL medication taken on a regular basis: _____

List all operations/serious injuries and dates within the past five (5) years: _____

Emergency Authorization: I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Boiling Springs First Baptist Church, its employees, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Boiling Springs First Baptist Church sponsored events.

X _____

Signature of Parent or Guardian

Date

Photo Release

This document serves as a release for my child to appear in photographs and/or videotapes while participating in the above stated program/activity. These photos may appear on the church website or in other promotional materials. I know that I must contact the Director of Preschool and Children's Ministries and the volunteers leading this program/activity **in writing** if I DO NOT want my child's picture to be taken and used for these purposes.

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