

# Camp VBS 2025

Please use one form per child



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Child's Name: \_\_\_\_\_

Grade **Completed (K - 5th)** or Birthday for Preschoolers: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

**T-shirt Size (please circle):** YXS YS YM YL AS AM AL AXL AXXL

**Total Number Attending Family Meal (After pickup):** Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Please list who has permission to pick your child up:

\_\_\_\_\_

Please list anyone NOT allowed to pick your child up:

\_\_\_\_\_

Does your child have any allergies and/or special needs?:

\_\_\_\_\_

**Can your child swim? (1st - 5th Grade Only)** YES NO (Circle One)

## Steele Creek Options (1st - 5th Grade Only)

(Please choose your top three choices with a 1, 2, and 3. You will get one of your three choices. First come, first served.)

### 1st - 3rd Grade Options

\_\_\_\_\_ Playground & Train

\_\_\_\_\_ Short Hike & Nature Center

\_\_\_\_\_ Bicycling  
(Must bring bike and helmet. No training wheels)

\_\_\_\_\_ Fishing (Must bring pole. Bait provided)

\_\_\_\_\_ Field Games & Train

\_\_\_\_\_ Splash Pad

### 4th - 5th Grade Options

\_\_\_\_\_ Golf Driving Range/Nature Center

\_\_\_\_\_ Long Hike (Approx. 5mi. in mountains)

\_\_\_\_\_ Bicycling

\_\_\_\_\_ Fishing (Must bring pole. Bait provided)

\_\_\_\_\_ Disc Golf

\_\_\_\_\_ Paddle Boats

\_\_\_\_\_ Splash Pad

# **Medical Authorization and Liability Release Form**

I am the parent or legal guardian of \_\_\_\_\_ (child's name).

I acknowledge that I have been informed that my child will participate in activities during Camp VBS WHICH MAY CARRY A DEGREE OF RISK. THE AFOREMENTIONED RISK INCLUDES SICKNESS. I understand that there is no guarantee of a refund if my child can not attend camp or has to leave camp early for any reason.

I understand that the church will attempt to reach me in case of a medical emergency involving my child. If the church cannot reach me, then I give my permission to the church to hire a doctor and I give my permission to the doctor to provide the medical services he or she may deem necessary. I will pay for medical expenses so incurred.

I will give notice to the church if I feel there are any health considerations that would hinder my child's taking part in any of the activities.

I also give my permission for church leaders to limit my child from participation in any activity in which they have a concern about health or other reasons.

I hereby release First Baptist Church of Blountville from any and all liability for the participation of my child in any event during Camp VBS.

I also give permission for my child to be transported during his or her time at Camp VBS.

I understand that photo and video images of my child may be taken while attending Camp VBS.

You can rely on the above consent until I notify you in writing of any changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_