

Camp VBS 2026

Please use one form per child



More on the back

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: _____

