

Redwood Day Camp 2010 Registration

For kids entering 1st through 6th grade

Camp Selection

Choice of week(s): You may register your child(ren) for one or multiple weeks.

Day Camp Session	Please "X" session choices
RDC 1: July 12-16	
RDC 2: July 19-23	
RDC 3: August 2-6	

Please consider your completed registration form and payment as confirmation for a spot for your child(ren).

Schedule: Camp runs Monday through Thursday, 9:00am-3:00pm, (*bring a sack lunch*), Fridays, 9:00am-1:00pm.

Registration fees: The cost is \$65.00 per camper, and \$60.00 for each subsequent sibling. If you are a repeat camper, the registration fee is reduced to \$60.00 after the first week. Please make checks payable to FBC. *Please contact RDC Director Adam Darbonne or FBC Children's Director Kristi Gladding to inquire about a scholarship.*

Camper Information:

Child's Name: _____ Grade in Fall 2010: _____
 T-shirt Size(s): ___youth 6-8 ___youth 10-12 ___youth 14-16 ___adult sm ___adult med ___adult large ___adult XL
 Medical info/special instructions _____

Child's Name: _____ Grade in Fall 2010: _____
 T-shirt Size(s): ___youth 6-8 ___youth 10-12 ___youth 14-16 ___adult sm ___adult med ___adult large ___adult XL
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 T-shirt Size(s): ___youth 6-8 ___youth 10-12 ___youth 14-16 ___adult sm ___adult med ___adult large ___adult XL
 Medical info/special instructions _____

Address: _____ City/Zip: _____
 Primary Phone: (Home or Cell) _____ E-Mail: _____

Emergency Info

Father/Guardian: _____ Mother/Guardian: _____
 Daytime phone: _____ Daytime phone: _____
 Cell Phone: _____ Cell Phone: _____
 Health Insurance Co.: _____ Policy No.: _____
 Doctor's Name: _____ Phone #: _____

Emergency contact and phone number (if parents cannot be reached)

Permission

I hereby give permission for the above child(ren) to attend Redwood Day Camp. I will not hold Redwood Day Camp, First Baptist Church of Davis, or its agents liable for injury caused by common accident, illness, or the rendering of emergency care. In the event of an emergency, I hereby give permission for medical attention to be administered to my child in the case of injury, illness, or accident. I realize that I will be contacted at the very earliest moment in case of such an event.

 Parent/Guardian Signature

