The Lighthouse Camp

First Child _____ **Age** _____
(Last) (First) (Middle) (Years)

Second Child _____ **Age** _____
(Last) (First) (Middle) (Years)

Third Child _____ **Age** _____
(Last) (First) (Middle) (Years)

Street Address_____ **Phone (H)** _____

_____ **Phone (W)** _____
(City) (State) (Zip Code)

Phone Cell _____

I hereby give permission to Faith Church and/or its designee to ensure that medical intervention/treatment of my child is given by Emergency personnel to ensure that my child receives the proper medical treatment, under the provisions of the Medical Practice Act, in my absence should an injury occur. I understand that due to insurance regulations, paramedics or ambulance must transport injured or ill children to a hospital, when necessary. Camp van or camp personnel cannot transport them. It is also my intent to grant authority to administer and perform any and all examinations, X-ray examinations, treatments, anesthetics, and diagnostic procedures that may in the course of my child's care be deemed advisable and necessary. I also understand and agree that I will be responsible to pay for any and all charges incurred as a result of my child's treatment at the treating hospital and/or expense for transportation to a hospital.

I have read and understand the above Policy

_____ _____
Signature **Date**

List all: Allergies or 1. _____ 2. _____ 3. _____
Medical conditions: 1. _____ 2. _____ 3. _____

Please list below all people (Including Parents) allowed to pick up child. These will be the only people whom the camp will release the child. Picture I.D. will be required to pick up the child.

1. Name _____ Relationship to Child _____
2. Name _____ Relationship to Child _____
3. Name _____ Relationship to Child _____
4. Name _____ Relationship to Child _____

I have read and understand the above Policy

_____ _____
Signature **Date**

Enclosed is a check of $ _____ **(Make Check Payable to Faith Church)**
Mail to: The Lighthouse Camp at Faith Church, 582 Plantation Drive Doctor's Inlet, FL 32068
Policy: There are no refunds of camp fees, but fees can be transferred to available weeks.

Weeks for children to be in Camp- Place your initials next to the weeks selected!

	(Parents Initials)	**Date Paid** (Office Use Only)	**Amount Received** *(Office Use only)*	**Payment Option** *(Office Use Only)*
Session 1				
Week 1	_____	_____	_____	_____
Week 2	_____	_____	_____	_____
Week 3	_____	_____	_____	_____
Week 4	_____	_____	_____	_____
Session 2				
Week 5	_____	_____	_____	_____
Week 6	_____	_____	_____	_____
Week 7	_____	_____	_____	_____
Week 8	_____	_____	_____	_____

I have read and understand the above Policy

_____ _____
Signature **Date** **Email Address**