



COPTIC ORTHODOX DIOCESE OF THE SOUTHERN UNITED STATES

## ST. JOHN THE BAPTIST ORTHODOX CHURCH

### ST JOHN THE BAPTIST Coptic Orthodox Church 2019 Summer Camp June 17<sup>th</sup> – July 12<sup>th</sup> Registration Form

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE this school year: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

FATHER'S PHONE NUMBERS:

**WORK:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

MOTHER'S PHONE NUMBERS:

**WORK:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**Camp will be open from 9:00 am – 5:00 pm Monday, June 17<sup>th</sup> -- Thursday, July 12<sup>th</sup>. Camp will be closed on weekends and on the 4<sup>th</sup> of July. Children may NOT be dropped off before 8:45 am (other than liturgy days) and must be picked up no later than 5:00 pm. Please plan accordingly.**

**\*Camp fee: \$150 for the first child, \$120 for the second child and \$75 for the third.**



# ST. JOHN THE BAPTIST ORTHODOX CHURCH



## MEDICAL INFORMATION

**NAME OF PHYSICIAN:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**ANY SPECIAL NEEDS/CIRCUMSTANCES REGARDING THE PARTICIPANT:**

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I, \_\_\_\_\_ (parent or legal guardian) give my permission for \_\_\_\_\_ to attend the 2019 St John the Baptist Summer Camp at St John the Baptist Coptic Church located at 7851 Riviera Blvd. Miramar, FL 33023 from June 17th- July 12th, 2019, and to participate in all the field trips and the activities included. (A schedule of the camp program and field trips will be available at the church once camp begins)

1. I hereby give my permission for medical attention to be given to my son/daughter in the event of injury, illness, or accident. I realize that I will be contacted at the earliest possible moment in case of such circumstances.
2. I hereby release St John the Baptist Church, The Coptic Orthodox Diocese for the Southern United States and any other parties, including but not limited to chaperones, teachers, students, drivers and volunteers from liability in case of accident or injury.

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_