



COPTIC ORTHODOX DIOCESE OF THE SOUTHERN UNITED STATES

ST. JOHN THE BAPTIST ORTHODOX CHURCH

**ST JOHN THE BAPTIST
Coptic Orthodox Church
2022 Summer Camp
June 27th – August 5th
Monday, Wednesday & Friday
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 27th –Friday, August 5th, ONLY. Children must be dressed for the liturgy, NO Shorts, and bring a 2nd set of outfit to change into after, if they want. Pick up no later than 5:00 pm. Please plan accordingly.

***Camp fee: \$150.00 Per Child**



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MEDICAL INFORMATION

NAME OF PHYSICIAN: _____

PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

ANY SPECIAL NEEDS/CIRCUMSTANCES REGARDING THE PARTICIPANT:

I, _____ (parent or legal guardian) give my permission for _____ to attend the 2022 St John the Baptist Summer Camp at St John the Baptist Coptic Church located at 7851 Riviera Blvd. Miramar, FL 33023 from June 27th- August 5th, 2022, 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:** _____