

First Baptist Church Bangs

Student Ministries

Camp/Activity Registration Form: Student

STUDENT SECTION: **EVENT:** _____

Student Name: _____ Gender: _____ D.O.B. _____

Student Contacts: Home Ph. _____ Cell: _____

Student email (Please Print Clearly) _____

Current Grade: _____

PARENTAL SECTION:

Parent(s) Name: _____ Members of FBC Bangs Y N

Parent Contacts: Home Ph: _____ Cell: _____

Active email (Please Print Clearly) _____

(Most camps and registrations have now gone to emailing the parent all the necessary forms. Please put an email that you will check.)

MEDICAL SECTION: (This information will be kept by the FBCB staff/sponsor throughout the duration of the activity or trip.)

Any known allergies? Y N (If so, please list below) Does your student require an epi-pen? Y N

Do you have Medical Insurance? Y N Company _____

(You will be notified immediately should the need arise for the use of Medical Care and or Medical Insurance information.)

Secondary Emergency Contact (Someone not listed above):

1. Name: _____ Number: _____ Relation: _____

2. Name: _____ Number: _____ Relation: _____

DEPOSIT/PAYMENT SECTION:

Deposit Paid: (amount) \$ _____ With (circle one): CASH CHECK # _____

(a.) Would you like to be set up on a payment plan for the remaining balance? Y N

(b.) If yes, contact Seth to set up a payment schedule.

Will you need assistance in paying the remainder of the Balance? Y N

(a.) Are you opposed to accepting a scholarship? Y N

(b.) Will your student be available to work any fundraiser events? Y N

PLEASE RETURN THIS FORM WITH THE DEPOSIT TO SECURE YOUR STUDENT'S SPOT FOR THE EVENT.
SPOTS WILL NOT BE SECURE WITHOUT THE DEPOSIT AND THIS FORM ON FILE.