

2017 VICTORY SUMMER DAY CAMP

Registration Information: Complete pages 1 & 2 and return them with \$10.00 reservation fee for **each week** to be reserved (**non-refundable**). The \$10.00 reservation fee for the week will be deducted from the \$120.00 weekly camp fee when your child reports to camp for that week. If the reservation fee is not received in our office at least two (2) weeks prior to the week of camp, the full weekly camp fee of \$130.00 must be paid in cash the first day of the week the camper reports to camp. **Camper will not be permitted to stay at camp for weeks not reserved unless the weekly fee is paid in cash on their first day.** The weekly camp fee is due for the entire week regardless of how many days of the week the camper attends (this includes July 4). Please refer to the camp brochure for other financial information. Victory Summer Day Camp is a ministry of Victory Baptist Church and admits students of any race, color and national or ethnic origin.

CAMPER'S NAME: _____ Male Female
Last First Goes By

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ BIRTHDAY: _____ AGE: _____ GRADE LAST COMPLETED: _____

SCHOOL: _____ CHURCH AFFILIATION: _____

PARENT/GUARDIAN: _____ DAY PHONE: _____
Mother

PARENT/GUARDIAN: _____ DAY PHONE: _____
Father

EMERGENCY CONTACT 1: _____ PHONE: _____

EMERGENCY CONTACT 2: _____ PHONE: _____

EMERGENCY CONTACT 3: _____ PHONE: _____

FIELD TRIP PERMISSION

I hereby give my permission for my child, _____, to go on all field trips scheduled for the 2017 Victory Summer Day Camp program.

I hereby agree to hold VICTORY CHRISTIAN ACADEMY (Victory Summer Day Camp) blameless of any liability resulting from injury sustained or loss of personal property of my child while on these field trips.

In the event of an emergency and a parent/guardian cannot be reached, I hereby give my permission for a VCA representative to obtain emergency medical treatment. Listed below is medical information for my child:

CHILD'S PHYSICIAN: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY: _____

MEDICAL HISTORY (i.e. allergic reactions, daily medications, physical restrictions, etc.): _____

_____ My child is on anti-convulsive medication and is subject to epilepsy or seizures (a doctor's note will be required).

MEDICAL CONSENT

I, the undersigned, am the parent or legal guardian of _____, and hereby authorize a representative of Victory Summer Day Camp to take my child to the nearest hospital for treatment in the case that I cannot be reached in an emergency. I further authorize the hospital or a licensed doctor of medicine to administer treatment in case of an emergency. It is understood that I will be contacted by telephone, if at all possible, prior to treatment.

Parent's Signature: _____ Date: _____

USE OF CAMPERS' PICTURES

There is no better way of sharing with family and friends the fun activities we have at Victory Summer Day Camp than to put pictures on our camp website and our Facebook page. No names are included, but you will be able to spot your camper having a great time. If you wish not to have us include your camper in the pictures we share, just let us know in writing. Your camper will then be excluded from group and field trip pictures. **Be sure to check out our website (www.victoryministry.com) as well as our Facebook page ([facebook.com/vca.jacksonville/](https://www.facebook.com/vca.jacksonville/))!**

2017 VICTORY SUMMER DAY CAMP
Reservation and Financial Agreement

REGISTRATION INFORMATION - Complete all information - Please Print

Last Grade Completed _____

Camper's Last Name: _____ First: _____ Goes By: _____

Mailing Address: _____ City & Zip: _____

Sex: Male Female

Home Phone: _____

List any medication the student is taking on a daily basis: _____

Summer Camp personnel will not dispense medications. If your child is sick, please keep him home!

Parent/Legal Guardian #1 (responsible for weekly payments):

Name: _____ Relationship: _____

Last

First

Work Phone: _____ Cell Phone: _____ Pager: _____

Email Address: _____

Drivers License: _____ (must be completed if payment is paid via check)

Parent/Legal Guardian #2 (responsible for weekly payments):

Name: _____ Relationship: _____

Last

First

Work Phone: _____ Cell Phone: _____ Pager: _____

Email Address: _____

Drivers License: _____ (must be completed if payment is paid via check)

With whom does the child reside? (Check all appropriate) Mother Father Step-Mother Step-Father

Grandparents Legal Guardian (must have legal papers on file) Other: (give relationship) _____

PLEASE RESERVE THE FOLLOWING WEEKS:

(Closed July 4)

Please the weeks June 05 - 09 June 12 - 16 June 19 - 23 June 26 - June 30 July 03 - 07

your child will attend: July 10 - 14 July 17 - 21 July 24 - 28 July 31 - August 04 August 07 - 11

NOTE: There will be no camp on July 4rd (Independence Day holiday observance). The weekly camp fee is due each week regardless of how many days of the week the camper attends – this includes the 4th of July holiday.

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I understand that Victory Summer Day Camp is staffed by qualified personnel and herewith has my permission to discipline my child as necessary. (Victory does not administer corporal punishment.) I also understand that Victory Summer Day Camp has the right to refuse enrollment to or ask for withdrawal of any camper who is a continual discipline problem, who refuses to obey camp personnel and/or who, in the opinion of the camp director, is considered a harmful influence to other campers. (There is **no refund on reservation fees or that week's camp fees.) Initial _____

**I understand that chapel time is a part of scheduled activities. Each Bible lesson is from a Biblical approach. If a denominational issue arises, Victory Summer Day Camp will take a Baptist position. Initial _____

**I understand that any parent or legal guardian has the right to remove this child from the premises of Victory Summer Day Camp without notifying other family members. If there is a custody issue, legal documentation is required to restrain such action. Initial _____

**I understand that advance reservations are required for each week the camper is to attend camp. If reservation is not received two (2) weeks prior to the week of camp, the full weekly camp fee of \$130 must be paid in cash the first day of the week the camper reports to camp. Initial _____

** I understand that there will be a late fee of \$25.00 for any week the camp fee is not paid in full by noon on Tuesday of the camp week. I also understand that there is a \$40.00 return check fee and any check returned will put my account on a CASH ONLY basis for the remainder of the camp season. Initial _____

**I have read, understand and agree to all policies as stated in this document (2 pages) as well as the Victory Summer Day Camp brochure. Should any information contained herein change, I understand it is my responsibility to notify Victory Summer Day Camp immediately.

_____ Date: _____

Parent / Guardian Signature