

# NHBC Kids Kamp 2019 Camper Registration Form

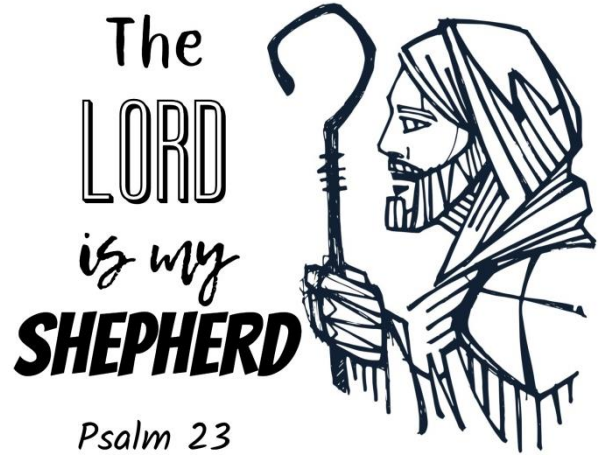
**Date:** June 23<sup>rd</sup> at 3:00 PM through June 27<sup>th</sup> at 9:00 PM,  
at Camp Wo-Me-To, Jarrettsville, MD

**Age:** 9-12 yrs. old as of June 23<sup>rd</sup>

**Cost:** \$170\* – includes room, board, insurance, & all fees  
\*Families with multiple children: 2<sup>nd</sup> child: \$150;  
3<sup>rd</sup> child & up: \$130

**Activities:** Chapel services, hiking, swimming, arts and crafts,  
fishing, ball games, confidence course, music,  
boating, field games, Vespers, and more!

**INFO:** North Harford Baptist Church, 410-836-6994  
[www.NorthHarford.org/camp](http://www.NorthHarford.org/camp)



**Registration Form and Deposit - MUST BE RECEIVED BY JUNE 3<sup>rd</sup>**

**\*\*LIMITED SPACES AVAILABLE – FIRST COME, FIRST SERVED\*\***

Child(ren)'s Name(s)	Gender	Date of Birth	Grade completed June 2019	Free T-Shirt for camper! Choose Size: Youth- S, M, L or Adult- S, M, L

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

We will confirm your registration and send further information through email,  
so please give us one or more email addresses. Thank you!

Are you affiliated with a church? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Please mail completed form with \$100 deposit\* per child to: North Harford Baptist Church  
4008 Old Federal Hill Road, Jarrettsville, MD 21084

\*Make checks payable to: North Harford Baptist Church

Find additional forms at [NorthHarford.org/camp](http://NorthHarford.org/camp)



**North Harford  
Baptist Church**

**Complete a Medical Information Form and Media  
Release Form for each child and include with  
registration and deposit.**



**NHBC Kids Kamp 2019 Medical Information Form**  
**COMPLETE ONE FOR EACH CHILD!**

**Camper's Name:** \_\_\_\_\_

Medical **or other** information we need. Please include any **allergies, including food allergies.**

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**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injection of medications for my child.**

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**Signature** **Date**

**Other information:**

Digital media will be used to create a DVD for the campers and the **Digital Media & Photography Release Form** must be completed upon registering. This form is attached and also available on the church's website: [www.NorthHarford.org](http://www.NorthHarford.org)

**Is there is any other information you think we should have? Please share below:**

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Each child attending Kids Kamp will receive a DVD of the activities which took place during the week.

I hereby give **NHBC** the permission to use any photographs or video recordings of my child or myself for the above-stated purpose and for the purposes of promoting the Kids Kamp of North **H**arford **B**aptist **C**hurch.

I understand that this media may be used in printed publications and distributed via various communication media, including, but not limited to the Internet (including **NHBC** web sites and **Camp Wo-Me-To** web sites that distribute **NHBC** materials), DVDs, and any other communication media.

I acknowledge that I have no ownership rights in the media. In addition, I understand and agree that these images and recordings may be duplicated and distributed in the promotion of the **NHBC** Kids Kamp camp.

I declare that I have read the above, fully understand its meaning and effect, and agree to it.

Complete Parts **(A. agreement)** or **(B. disagreement)** below:

**(A. agreement)**

Print Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**If 18 years of age or older complete below.**

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**(B. disagreement)**

I do not want my photographs or video recording (or my child's) to be taken or published. I understand that two pictures will be taken for facial recognition but will not be published.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print your name and child's name \_\_\_\_\_

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**COMPLETE ONE FOR EACH CHILD!**