

# Northwest Baptist Church of Reisterstown Mega Sports & Arts Camps 2018

## TEAM Spirit

1. Select **Day** or **Evening** Camp
2. Rank top 5 choices within selected camp, using 1-5
3. Mail or hand deliver application

### **Day Camp: June 18-22 from 9:00am - 1:35pm**

**Basketball** (grades 1-6)

**Soccer** (grades 1-6)

**Performing Arts** (grades 1-6)

**Photography** (grade 4-6)

**Art** (grades 1-6)

**Cheerleading** (grades 1-4)

**Dance** (grades 3-6)

(beginners, no stunting or tumbling)

**Rec Games** (grades 1-3)

**Mega Sports** (grades 4-6)

(multi-sport & game mix)

(multi-sport mix)

### **Evening Camp: Sunday, June 24 through Thursday, June 28 from 6:30pm - 9:00pm**

**Mega Sports** (grades 4-6)

Northwest Baptist Church

**Soccer** (grades 1-6)

P.O. Box 372

**Chess** (grades 4-6)(strategy & game play)

Reisterstown, MD 21136

Phone 410-833-7220

**Art** (grades 1-3)

www.NorthWestBaptistMD.org

**Rec Games** (grades 1-3)

**Check out Middle School Madness Basketball  
Camp and Middle School Cheer Camp for  
students entering 7<sup>th</sup>-9<sup>th</sup> grades @**

**Performing Arts** (grades 3-6)

**NWBCMD.org**

Camp selections are subject to availability

Extra postage may be required if mailing more than 1 application

## Please note:

1. Forms must be filled out completely (incomplete forms will **NOT** be processed).
2. Camp is for children who are entering **FIRST** through **SIXTH** grades **ONLY**.
3. Confirmation letters will be sent out **3-4 days** prior to the start of camp.
4. T-Shirts will be sold starting on the first day of camp on a first come first served basis.

Name of Camper \_\_\_\_\_ Male/Female \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Parent(s) Phone Number(s) \_\_\_\_\_

Is camper's parent/guardian a 2018 Mega Sports and Arts Camp volunteer (Yes or No)? \_\_\_\_\_

In Case of Emergency, Contact \_\_\_\_\_ at \_\_\_\_\_

Name of Person(s) Who Will Be Picking Up Your Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name of School \_\_\_\_\_ Grade Entering \_\_\_\_\_

Name of Home Church (if any) \_\_\_\_\_

Donation Included? \_\_\_\_\_ (Amount) (checks payable to Northwest Baptist Church - MSAC)

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## Photography Permission

I give permission for my child to be photographed and/or video recorded for display on the camp website and at the parent program video presentation. No camper names will be disclosed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Medical Release/Parental Consent Form

I, \_\_\_\_\_, hereby authorize my son/daughter \_\_\_\_\_, to attend Northwest Baptist Church's Mega Sports and Arts Camp. I further agree that the leaders are duly authorized to obtain professional medical and/or hospital care for any and all types of medical emergencies that may arise during this event.

This agreement authorizes any licensed hospital or professional to render medical/surgical care as deemed necessary in the event of an emergency. Hospital expenses and/or medical expenses are provided for by my insurance company. I further understand that I am responsible for any financial obligations that are not covered by my/our insurance carrier.

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

*I give permission for my son/daughter to be administered Tylenol or Motrin by the camp nurse (circle one): **Yes** or **No***

I understand that all reasonable measures to keep my child safe will be taken; however, if any injury occurs, I will not hold Northwest Baptist Church responsible.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## Allergy Information and Dietary Restrictions

My son/daughter has the following allergies or medical conditions of which the leaders should be aware:

\_\_\_\_\_  
\_\_\_\_\_

***MY CHILD HAS FOOD ALLERGIES AND/OR DIETARY RESTRICTIONS, THEREFORE I WILL PROVIDE LUNCH and SNACK (for DAY CAMP) or SNACK (for EVENING CAMP).***

\_\_\_\_\_  
Signature of Parent/Guardian **if applicable**

\_\_\_\_\_  
Date

# ***This page for Day Camp only (June 18-22)***

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## **Mega Sports and Arts Camp: Permission to Transport Camper During Camp Day (must be signed)**

I understand that a portion of my child's camp experience will require that he/she be transported by bus or van to Franklin Middle School. I give the Camp permission to transport my child to and from the school during the camp week of June 18-22, 2018. Drivers have a CDL.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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## **Permission to Transport Camper to and from Camp**

***ONLY sign if your camper:***

- 1) Has **NO** means of getting to and from camp, **and**
- 2) lives in the Reisterstown area

I **require** transportation for my child to and from Northwest Baptist Church. I hereby give the Camp permission to transport my child to and from camp the week of June 18-22, 2018 by church van or bus.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

**\*\*You will receive a call the week prior to camp to verify your transportation needs.**

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## **Reisterstown Recreation Council Waiver for use of Franklin Middle School**

### **ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:**

I hereby confirm participant is in good health and able to participate in the activity. Also, I have been advised to consult with a licensed physician prior to participation in the activity. I acknowledge the activity may involve both apparent and inherent risks and dangers of bodily injury or death and damage to property. I fully accept and acknowledge the activities may involve risks, and I hereby assume all dangers and risks associated with the participant in the activity and will be responsible for the same. I further understand that concussion information is available at [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

I acknowledge that Baltimore County, Maryland, the Recreation Council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the Activity or the Activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an activity representative and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto, as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this Registration Form. I hereby expressly and forever unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless and indemnify the activity representatives from any and all claims, costs, demands, losses, damages, or expenses, and from all acts of active or passive negligence or other fault on the part of the activity representatives associated with, in whole or in part, participant's involvement with the activity. I shall inform the Recreation Council in writing if any information provided in this Registration Form is incorrect or changes through the course of the activity. I shall present a government issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this Registration Form to the recreation council.

Signature of Participant (if over 18) OR of parent/guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signatory: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Print Name of minor child, if applicable: \_\_\_\_\_