Sign this form below and SEND to FBCA using these options



Mail: First Baptist Church Asheboro

Summer Music & Arts Camp

133 N. Church St. Asheboro, NC 27203 Scan and Email:

mbentley@fbcasheboro.com

Fax: (336) 629-4220

You may also register online at:

DATES: **July 9 – 13** CAMP HOURS: **9:00 – 3:00 PM**

**Registration Deadline---June 29 **

GRADES: Completed 1st – completed 6th COST: \$50/child (family discounts available)

REGISTRATION FORM

To complete your registration, be sure to sign the **Release Form on the back**

Child's Name	Age (by July 1 st)	Date of Birth
Grade Completed (on July 1 st)Parents/Guardian Name(s)		
Street Address		-
City, State & Zip Code, _	·	Phone Hm
Email Address		Cell
Is this your first FBCA Music & Arts Camp? □No □Yes		
If not, how many years have you attended previously? \Box 1 \Box 2 \Box 3 \Box 4		
I'm interested in AUDITIONING for:		
Where do you attend church regularly?		
Does your child currently sing in a children's choir? ☐ No ☐ Yes		
T-shirt size: □Youth Small (6-8) □Youth Medium (10-12) □Youth Large (14-16)		
(Gildan pre-shrunk) □Adult Small □Adult Medium □Adult Large □Adult X-Large		
Medical concerns, special instructions, or comments:		
·		
I understand that my child needs to be present for <i>all five days</i> of Music and Arts Camp,		
including the evening of the Presentation (Friday, Jul	y 13).	
Signed:	Date	<u> </u>
Parent/Guardian Signature		
For Office Use Only	DATE F	ORM SUBMITTED
☐ Cash \$ ☐ Check \$ Check	<#	
UNPAID DATE PAID		

2018 SMAC Release Form

Please read the following carefully before signing at the bottom of this page

Photo Release Disclaimer

During this event, Music Camp Leaders may be videotaping, audio taping and photographing. Most likely, you will be filmed, recorded or photographed as part of the whole group or individually. By your attendance, you and anyone in your group are granting your permission to be audiotape, videotaped or photographed for commercial purposes and agree to the following: being recorded, filmed, videotaped, or photographed by any means; commercial or any other uses of your likeness, voice and words without compensation; specifically waiving all rights of privacy during the videotaping, filming, recording or photographing and release First Baptist Church Asheboro and Summer Music Camp from liability for loss, damage or compensation for the commercial or other use of your likeness, image, voice or words; compliance with all rules and regulations of Music Camp for this event.

Consent to Medical Treatment

In the event my child is injured or becomes ill in Camp activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers, including volunteer parent participants, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including test and radiological exams, surgery, hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form.

A responsible parent/guardian should sign.

X Signature:

Printed Name: _____ Date: