

Volunteer Staff Child Registration

Child's Name: _____ DOB: _____ Age: _____ M F
(Last) (First) (Mid. Initial)

Address: _____ Phone: _____
City: _____ State: _____ Zip code: _____

Parent on Staff: _____ Position: _____
Parent on Staff: _____ Position: _____

Parent Address: (if different than child's address)

Address: _____ Phone: _____
City: _____ State: _____ Zip code: _____

Emergency Contact: (other than parent who is volunteering at WBC)

Name: _____ Relationship to camper: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip code: _____

This child will be participating in:

	Kindercamp (age 6 and under)	Kids Club (ages 7-12)	Helper (ages 13-18)	
Kids Week:	<input type="checkbox"/> Kindercamp	<input type="checkbox"/> Kids Club	<input type="checkbox"/> Volunteer Helper	<input type="checkbox"/> Camper
Teen Week:	<input type="checkbox"/> Kindercamp	<input type="checkbox"/> Kids Club	<input type="checkbox"/> Volunteer Helper	<input type="checkbox"/> Camper
Hi Teen Week:	<input type="checkbox"/> Kindercamp	<input type="checkbox"/> Kids Club	<input type="checkbox"/> Volunteer Helper	<input type="checkbox"/> Camper

Medical / Insurance Information:

Physician's Name: _____ Physician's Phone #: _____
Insurance Co: _____
Name of policy holder: _____
Policy number : _____
Allergies: (Please list any/all): _____

I understand in the event that an emergency would arise that would require medical care, use of a physician or hospitalization or surgery, I will be notified immediately. However, should camp authorities be unable to locate or not have time to contact me, they may take such temporary measures as they deem appropriate and necessary. Also, I grant permission for routine non-surgical medical care for my child. I hereby authorize the release of pertinent medical/dental information to insurance companies and I hereby authorize the insurance benefits be paid directly to the provider of medical/dental services.

I have read and agree with the rules, regulations and responsibilities as stated in the volunteer staff manual and to be responsible for my minor and their actions, including non-compliance of the rules and regulations.

Parent/guardian signature: _____

I understand and agree to abide by the rules, regulations and responsibilities as a volunteer staff child at Whited Bible Camps.

Volunteer Staff Child signature: _____
(If able to sign please have child sign 😊)