

LDBC OFFICE USE ONLY	
<input type="checkbox"/> Registration fee received	Date _____
CAMP FEE	
<input type="checkbox"/> If registered by June 6	\$265 due
<input type="checkbox"/> If registered between June 7-13	\$295 due
<input type="checkbox"/> If registered between June 14-27	\$325 due
<input type="checkbox"/> If registered between June 28 - July 11	\$365 due
<input type="checkbox"/> Total camp fee received	Date _____

# 2010 REGISTRATION CARD

## Lavon Drive Baptist Church

1520 Lavon Drive – Garland, Texas 75040  
972-272-7557 – Dr. Gary Coleman, Pastor

Forest Glen Christian Camp – Huntsville, Texas

My choice to room with:

\_\_\_\_\_  
(Must be within one year of your grade and they must also request you. LIST ONLY ONE CHOICE.) Although there is no guarantee, we will do our best to accommodate your request on a first-come, first-serve basis.

Attendance Dates are July 11-16, 2010

### MEDICAL CONSENT FORM

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade entering this fall \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

If not available in emergency, notify:

1. Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Please furnish the name of current health insurance policy number covering camper.

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I certify that this camper is in good health to the best of my knowledge and from past health examinations. I hereby give my permission for my child to engage in all camp activities, including the ropes course and water activities, except noted by me (attached). In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child as named on this form.

I agree that I will not hold Forest Glen Christian Camp or Lavon Drive Baptist Church, its staff or Board of Directors, responsible in the event of any accident, altercation or emergency involving my child while at or in route to or from Forest Glen.

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