

Bible Discovery Camp ("BDC")

BDC OFFICE USE	
Payment Rec'd:	
Junior Leader:	
For BDC Week of /Year:	

Registration Form

page 1 of 3

Instructions

This form must be completed in full, signed and delivered to the below address with the registration fee on or / before the first day of class. Please make check or money order payable to *First Church of Christ, Scientist, Santa Barbara*.

1 Child @\$45, 2 @\$80, 3 @\$105, 4 @\$120

Financial assistance is available. Please email your request to biblediscoverycamp@gmail.com

Attendee(s) Information (Please write in full name)

Child 1: _____ ("Minor Child") Age: _____ Grade next fall: _____

Full address: _____

Does Minor Child attend Sunday School? _____ If so, where? _____

Anything we should know about your child (e.g. nut products, other foods, medications, allergies)?

Child 2: _____ ("Minor Child") Age: _____ Grade next fall: _____

Full address (if different from above): _____

Does Minor Child attend Sunday School? _____ If so, where? _____

Anything we should know about your child (e.g. nut products, other foods, medications, allergies)?

Child 3: _____ ("Minor Child") Age: _____ Grade next fall: _____

Full address (if different from above): _____

Does Minor Child attend Sunday School? _____ If so, where? _____

Anything we should know about your child (e.g. nut products, other foods, medications, allergies)?

Child 4: _____ ("Minor Child") Age: _____ Grade next fall: _____

Full address (if different from above): _____

Does Minor Child attend Sunday School? _____ If so, where? _____

Anything we should know about your child (e.g. nut products, other foods, medications, allergies)?

Parent or Legal Guardian Information (provide cell, home and work, if any)

Full Name: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Full Address: _____

Full Name: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Full Address: _____

Alternate Contacts (Alternate person(s) to contact if we cannot reach you, at least one should be out of state)

Name: _____

Phone: _____

(provide cell, home, and work, if more than one)

Name: _____

Phone: _____

Parent or Legal Guardian Permission and Consent

I, _____, being the parent or legal guardian of Minor Child, hereby give my consent for my Minor Child to participate in Bible Discovery Camp ("BDC") sponsored by First Church of Christ, Scientist, Santa Barbara ("Church"). I understand that BDC will include classroom activities, playground time, and snack time. I also understand that participation in BDC is entirely voluntary and requires participants to abide by applicable rules and standards for conduct. Please read BDC Rules and Standards for Conduct.

I understand that all reasonable safety precautions will be taken by Church and its officers, directors, members, employees, volunteers, agents, BDC leaders and assigns (collectively "BDC workers"). Nevertheless, events, risks, hazards and conditions inherent in any endeavor of this type exist, both foreseen and unforeseen. I have carefully considered the risks involved and hereby give my consent for my Minor Child to participate in all the activities of BDC, except as noted (in the section titled "Anything We Should Know About Your Child").

Delivery and Pick Up

I understand that I must have my Minor Child at the Sunday School building at the below address by 9 a.m. each morning, and my Minor Child must be picked up promptly at noon each day. BDC may release my Minor Child to the following authorized adults:

Name: _____ Phone: _____
(provide cell, home, and work, if more than one)
Name: _____ Phone: _____
(provide cell, home, and work, if more than one)

Practical Aid, Spiritual Care, Medical Care

I understand that in all cases BDC workers will exercise reasonable judgment in administering on-the-scene first aid, if needed.

If more care is needed, I request that BDC workers seek:

- ___ Christian Science treatment from a Journal-listed Christian Science practitioner, and if needed from a Christian Science Nurse.
___ Medical care and assistance.

Names and telephone numbers of practitioner/physician/dentist (provide all that apply):

Name: _____ Phone: _____
Name: _____ Phone: _____

I hereby authorize BDC workers to consent to any medical and hospital care when necessary or required to be rendered to my Minor Child upon the advice of a licensed physician, surgeon or dentist. If the time and circumstances reasonably permit, BDC workers will endeavor, but they are not required, to communicate with me or any of the other contacts given above prior to any such treatment. I understand and agree that BDC workers and Church are not legally or financially liable for any claim arising from any such consent given in good faith with respect to my Minor Child in connection with any diagnosis or treatment advised by such licensed physician, surgeon or dentist.

Is Minor Child covered by family insurance (circle one)? Yes / No

If "Yes," give name of insurance company and policy or certificate number.

Name of insurance company: _____
Policy/Certificate Number: _____

As parent or legal guardian, I understand that I am responsible for the health care decisions for my Minor Child and agree that my insurance plan is the primary plan to pay for any dental, medical, or hospital care or treatment that is given to my Minor Child. Any policy of Church will be secondary coverage.

Release, Hold Harmless and Indemnify

To the fullest extent allowed by law I agree to WAIVE, DISCHARGE CLAIMS, AND RELEASE Church and BDC workers from any and all claims or liability of any kind for any injury or damage to any person or property whatsoever arising out of BDC, even if caused by negligence of Church or BDC workers. I agree not to hold Church and BDC workers liable for any damages, losses, diseases or injuries incurred by me or my Minor Child. I agree to HOLD HARMLESS Church and BDC workers from any claims, damages, injuries or losses caused by my own or my Minor Child's negligence while participating in BDC. I agree to INDEMNIFY Church and BDC workers from any damages, losses, diseases, or injuries arising out of my own or Minor Child's actions or omissions. I have read this document in its entirety, and I freely and voluntarily assume all risks.

Talent/ Photo/ Media Release (please check all that apply)

___ Yes, I give permission for the perpetual, non-exclusive, royalty-free right and license to without compensation for my child to be photographed / recorded during BDC.

- * BDC purposes and displayed at BDC
* Posting on Church's/ BDC's website
* Publicizing BDC (e.g., in presentations and marketing materials)

___ Yes, you have my permission to identify my Minor Child by first name only with the picture and/or video.

Date: _____ (Signature) _____

Print Name and circle one: parent / legal guardian

Payment

Option 1: PayPal

Click on link below to go to main BDC Website and scroll to bottom of page for Paypal

Please email us at blediscoverycamp@gmail.com if you have questions

Pay for Bible Discovery Camp via PayPal

Option 2: Check or Money Order

Please make check or money order payable to First Church of Christ, Scientist, Santa Barbara .

Deliver the registration form and payment to the following locations:

- At the Sunday School every Sunday morning from 10-11; located at 120 E. Valerio Street, Santa Barbara, CA, 93101
• At the Christian Science Reading Room from 10-6 every week day; located at 1301 State Street @ Victoria

OR

Mail the registration form and payment to:

First Church of Christ, Scientist, Santa Barbara, 120 E. Valerio Street, Santa Barbara, CA, 93101

Amount Owed

Table with 2 columns: Quantity (1 Child @, 2 Children @, 3 Children @, 4 Children @, Requesting Scholarship) and Amount (\$45.00, \$80.00, \$105.00, \$120.00, \$)

Total Amount Enclosed []

email: blediscoverycamp@gmail.com