



SUMMER CAMP APPLICATION 2017

Child's full legal name: _____

Sex _____ Age _____ Birthdate _____

Address: _____

Childs Shirt Size: _____

Home Phone (_____) _____

Who has legal custody: _____ Relationship _____

Address _____

Home phone (_____) _____ Work Phone (_____) _____

Mother's name: _____ Cell phone _____

Home address _____

Home Phone _____ Work Phone _____

Place of employment _____

Father's name _____ Cell phone _____

Home address _____

Home phone _____ Work Phone _____

Place of employment _____

Please let us Know whether both parents (Mother & Father) are legally allowed to pick the child named on this application from the camp (check appropriate line): Father: yes _____ No _____ Mother: Yes _____ No _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or guardian(s) and is authorized to remove the child from the facility in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____ Cell phone: _____

Home phone _____ Work Phone _____

Address _____

Name _____ Cell phone _____

Home phone _____ Work phone _____

Address _____

Parent/guardian signature: _____ Date: _____

CHILDS ENROLLMENT RECORD
(Continued)

Child's Physician/Health resource _____

Telephone (_____) _____

Address _____

Hospital preference _____

MISCELLANEOUS INFORMATION

Has child had: Surgery _____ Serious illness/accident _____ Burns _____ Convulsions _____

Broken bones/ dislocated arm _____ Other _____

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

Child's habits, fears etc _____

Previous group experiences _____

I AGREE TO BE SUPPORTIVE OF ALL ASPECTS OF THE PROGRAM, AND ITS DIRECTORS AND EMPLOYERES. I AGREE TO BE SUPPORTIVE IF THERE ARISE ANY PROBLEMS WITH MY CHILD/CHILDREN AND ANOTHER CHILD OR STAFF OF THE SALVATION ARMY. I WILL NOT HOLD THE SALVATION ARMY RESPONSIBLE FOR ANY PERSONEL PROPERTY THAT IS LOST, STOLEN OR DAMAGED. I AGREE TO PAY THE WEEKLY FEE FOR MY CHILD/CHILDREN'S ATTENDANCE TO THE SUMMER CAMP.

SIGNATURE

DATE

The Salvation Army
700 W 24th Street
Sanford, FL 32772



The Salvation Army
700 W. 24th Street
Sanford, Florida 32772
Phone: (407) 322-2642

PARENTAL CONSENT FORM 2017

CHILD'S NAME _____ **AGE** _____ **BIRTHDAY** _____
ADDRESS _____ **PHONE** _____
CITY _____ **STATE** _____ **ZIP** _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child _____ to attend and participate in activities (field trips) and programs sponsored by The Salvation Army of Seminole County, located in Sanford, Florida for the entire calendar year of 2016.

We (I) authorize The Salvation Army to show our children PG rated movies & we authorize The Salvation Army to take photographs of our (my) children for Salvation Army use.

We (I) authorize The Salvation Army to transport our (my) children to and from all scheduled field trips that are planned.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-RAY examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities and programs by The Salvation Army.

We (I) release The Salvation Army and any Supervisor or Teacher, from any claim for injury to our (my) child resulting from simple negligence and agree not to institute or be a party to any suit against The Salvation Army arising out of said child attending any of the events described above to which We (I) have not objected.

Mothers Signature

Fathers Signature

Date

Date

The Salvation Army
700 W 24th Street
Sanford, FL 32772



EMERGENCY MEDICAL RELEASE

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s) Legal Guardian(s): _____

Address: _____

Home Telephone (____) _____ Cell telephone(____) _____ Work Phone(____) _____

Home Telephone (____) _____ Cell Telephone(____) _____ Work Phone(____) _____

Family Physicians Name/Health care resource: _____

Address: _____

Telephone (____) _____

Hospital Preference: _____

Medical Insurance Company: _____

Policy # _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____

Home Telephone: _____ Work Phone: _____

Sign in the presence of the Notary

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time I cannot be

reached. I give consent to transport by ambulance if situation warrants it _____

(Signature of parent/guardian)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on: _____

(Month)

(Day)

(Year)

By _____, who is personally known to me or who has produced _____

(Name of affiant)

_____ as identification

SEAL OF NOTARY

(Type of identification)

Signed: _____ (signature of notary)



The Salvation Army Summer Camp Program

NAME OF CHILD _____ BIRTHDAY _____

ADDRESS _____

AGE _____ GRADE _____

PARENT'S NAME(S) _____

BEHAVIOR CONTRACT

(WHILE AT THE SALVATION ARMY OR WALKING TO/FROM OR ON THE VAN)

I understand that The Salvation Army is a Christian organization and that the children who attend are expected to abide by this contract. These are high standards for children, but we do not want to train your children to be anything less than what God would have them to be.

I will respect God and others by

Not speaking in a harmful way to others, this includes, name-calling, cussing, and suggestive talk, arguing with other children, or adults, and raising my voice.

Keeping my hands and feet to myself, No hitting, pushing or in anyway harming another person. If I have a problem, I will find a leader immediately.

Obeying all leaders. If I am asked to sit in a certain place, take part in an activity, participate in all of the programs activities, I will do so with a GOOD ATTITUDE.

I understand that if I am not a GOOD CITIZEN in obeying this contract, my parents will be called and I will be suspended. If I am continually not a GOOD CITIZEN, I will not be allowed to come at all. GOOD ATTITUDES AND GODLY ACTIONS will be rewarded by participation in special events, such as outings, field trips, and movies. I understand that I (We) will not hold The Salvation Army responsible or liable for any personal belongings in or around the premises. All personal property will be my responsibility or that of my child/children.

CHILD'S SIGNATURE

PARENT'S SIGNATURE

DATE

“TRAIN UP A CHILD IN THE WAY THAT HE SHOULD GO, AND WHEN HE IS OLD, HE WILL NOT DEPART FROM IT.” PROVERBS 22:6

The Salvation Army
700 W 24th Street
Sanford, FL 32772