



MINISTRIES & BIBLE CHURCH

**2019 Registration Form**

One child per form, please.

Please submit registration forms and checks to:  
 Seeds of Greatness Bible Church  
 828 Frenchtown Rd  
 New Castle, DE 19720

Camper's **LAST** NAME: \_\_\_\_\_ Camper's **FIRST** NAME \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade (completed by 6/19) \_\_\_\_\_ School: \_\_\_\_\_

T-shirt Size: YS YM YL AS AM AL AXL

Billing Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 STREET CITY STATE  
 ZIP

Email Address: \_\_\_\_\_

**IMPORTANT NOTE: Camp statements and special notices are sent to this address.**

Does your camper have special needs or receive any special services from school? Yes No  
 If yes, please note the services provided.

**Day Camp Enrollment Information**

Camp Hours 9:00 AM - 4:00 PM

**Extended Day Camp Enrollment Information**

Before Care: 7:00 AM – 9:00 AM After Care: 4:00 PM -6:00 PM

Please indicate requested weeks.

**Applications are considered incomplete if requested weeks are not indicated**

REQUESTED WEEKS \$155 Per Camper*	BEFORE CARE \$19.00 Weekly	AFTER CARE \$19.00 Weekly	BEFORE & AFTER CARE \$35.00 Weekly
5 Weeks _____	5 Weeks _____	5 Weeks _____	5 Weeks _____
Week #1 _____	Week #1 _____	Week #1 _____	Week #1 _____
Week #2 _____	Week #2 _____	Week #2 _____	Week #2 _____
Week #3 _____	Week #3 _____	Week #3 _____	Week #3 _____
Week #4 _____	Week #4 _____	Week #4 _____	Week #4 _____
Week #5 _____	Week #5 _____	Week #5 _____	Week #5 _____

\*\*\*\*\* This section is reserved for Camp Seeds Staff\*\*\*\*\*

Payment	\$ .	\$ .	\$ .	\$ .	\$ .	\$ .
Received	/	/	/	/	/	/

B A B/A	B A B/A	B A B/A	B A B/A	B A B/A	B A B/A
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# Acknowledgment and Release of All Claims

As the parent/guardian of the above named child(ren), I give my permission for him/her to participate in any and all camp activities including events, programs, extended care, both in state and out of state field trips and any other activities of the Seeds Day Camp, the summer camp ministry of Seeds of Greatness Ministries, Inc. (SOGM). Camp activity also includes photographs, audio and video recordings which may be taken of campers by SOGM for use in SOGM promotional material. Further, I understand that there are inherent risks that are involved in the above mentioned activities, so, in consideration for my child(ren) being permitted to participate in said activities, on behalf of myself, my heirs or assigns, I do hereby:

1. Release and forever discharge SOGM, its subsidiaries, volunteers, employees, officers, directors, affiliates, agents, representatives, successors and assigns (collectively the "RELEASES") of and from all claims, demands, damages, costs, expenses, actions and causes of action (collectively "Claims") in respect of death, injury, loss or damage to aforementioned named child and his/her property however caused, arising or to arise by reason of or during said child's participation and/or involvement in SOGM activities including any Claim that may have been contributed to or occasioned by the negligence of any of the RELEASES.
2. Indemnify and save harmless forever the RELEASES from and against any and all liability and/or claims for payment incurred by any or all of them arising as a result of or in any way connected to said child's participation in SOGM activities.
3. Understand and acknowledge that SOGM does not carry or maintain health, medical or disability insurance coverage for the minor child named below and I therefore agree to assume responsibility for such insurance coverage on said child.
4. Authorize, in cases of emergency, an adult representative of SOGM, as an agent for me, to administer emergency aid; consult with medical professionals; and/or to consent to any examination, medical diagnosis or treatment and/or hospital care, which is advised and supervised by a medical professional licensed to practice under the laws of the state where the services are rendered. If at all possible I am to be contacted before any treatment is administered.
5. Agree that, in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.
6. Understand and acknowledge that changes will not be accepted after April 14th.
7. Understand and acknowledge that payment is due based on the payment schedule indicated on the registration form.

1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	**Special**
\$155 Due 4/14	\$155 Due 5/5	\$155 Due 5/26	\$155 Due 6/2	\$155 Due 6/23	\$697.50 Due 4/14

8. Understand and acknowledge that after 4:15 pm (6:15 pm for Extended Care), a \$15 per 15 min fee goes into effect.
9. Understand and acknowledge that campers must be signed up for Before and/or After Care a minimum of 2 weeks prior to the requested date/s.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



MINISTRIES & BIBLE CHURCH

2019 Contact Information Form

Please submit registration forms and checks to: Seeds of Greatness Bible Church 828 Frenchtown Rd New Castle, DE 19720

Full Name of Camper: \_\_\_\_\_ M \_\_\_ F \_\_\_ One child per form, please.

Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade (completed by 6/19) \_\_\_\_\_

Primary Guardian: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Note: Camp statements and special notices are sent to this address.

Emergency Contact Numbers: (In the event both Guardians are unable to be contacted)

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Release of Child: The following people are able to pick up my child from Camp Seeds

- Name: Cell Phone # Name: Cell Phone # 1. 5. 2. 6. 3. 7. 4. 8.

Child Release: Camp Seeds is given permission to release my child to the names listed on the registration form. It is understood that any changes to this information must be provided in advance in writing to the camp office. If there are any questions about who my child is to go home with, I will be contacted by Camp Seeds.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Seeds: 2019 Health Record

## OPTION 2: SUBMIT A COPY OF A CURRENT PHYSICAL EXAMINATION WITH SHOT RECORD (WITHIN 2 YEARS)

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

**Illness and Health Problems:** Check and give additional information if necessary.

Scarlet Fever _____	Strep Throat _____	Menstrual Difficulties _____
Depression _____	Pneumonia _____	Ear Infections _____
Chicken Pox _____	Frequent Colds _____	Diabetes _____
Measles _____	Frequent Tonsillitis _____	Convulsive Disorders _____
Rubella _____	Hearing Difficulty _____	Heart Trouble _____
Mumps _____	Speech Difficulty _____	Orthopedic Difficulty _____
Whooping Cough _____	Vision Difficulty _____	Nephritis _____
Rheumatic Fever _____	Allergies _____	Learning Differences _____
Tuberculosis _____	Asthma _____	EpiPen or EpiPen, Jr. _____
ADD, ADHD _____	Nebulizer Treatments _____	Other _____

**Additional Information about your child** (Include accidents, operations, etc.) Use back.

**Immunization Dates:** Please write in month, day, and year.

DPT	Hib	Polio	Hep B	PPD
#1 _____	#1 _____	#1 _____	#1 _____	Measles _____
#2 _____	#2 _____	#2 _____	#2 _____	Mumps _____
#3 _____	#3 _____	#3 _____	#3 _____	Rubella _____
#4 _____	#4 _____	#4 _____	Varicella #1 _____	Other _____
#5 _____		#5 _____	#2 _____	

**PART B:** To be completed by examining physician. Please indicate condition by code and give details under positive findings

Height: \_\_\_\_\_ Codes: No defect \_\_\_\_\_ Defect-correction or care not necessary \_\_\_\_\_  
 Weight: \_\_\_\_\_ Defect-care or correction necessary \_\_\_\_\_

**General Appearance**

Scalp-Skin _____	Teeth _____	Lungs _____	Blood Pressure _____
Eyes _____	Neck _____	Abdomen _____	Urinalysis _____
Ears _____	Posture _____	Hernia _____	Other _____
Nose _____	Glands _____	Extremities _____	
Throat _____	Heart _____	Neurological _____	

**Positive Findings:** Include any pertinent history. Use back if necessary.

**Recommendations:** List any limitations. Use back if necessary.

Immunization given at this visit: \_\_\_\_\_

Mantoux Tuberculin Skin Test                      Date: \_\_\_\_\_                      Results: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_



MINISTRIES & BIBLE CHURCH

2019 Allergy/Medication/Medical Concerns/Field Trip Form

Please retain this form. Read carefully and return the signed and completed form to the camp director when your child requires PRESCRIPTION MEDICATION during camp hours.

CAMPER'S NAME (PRINT): \_\_\_\_\_ GRADE (completed by 6/19) \_\_\_\_\_

EMERGENCY CONTACT #: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ALLERGIES: Food: \_\_\_\_\_

Insect: \_\_\_\_\_

Other: \_\_\_\_\_

\*\*\*Allergies that require an Epipen need an Emergency Health Care Plan.

\*\*\*Asthma requires an Asthma Action Plan.

\*\*\*Medication must be delivered to Director/Nurse on the first day of camp.

MEDICATION TO BE GIVEN: \_\_\_\_\_

STUDENT BEING TREATED FOR: \_\_\_\_\_

LAST DOSE: \_\_\_\_\_ TIME TO BE GIVEN: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

MEDICAL CONCERNS:

LIMITATIONS IN ACTIVITIES: \_\_\_\_\_

CONCERNS/RESTRICTIONS WHILE AT CAMP: \_\_\_\_\_

NOTE: ALL MEDICATIONS MUST BE DELIVERED TO THE DIRECTOR UPON ARRIVAL TO THE CAMP. IT MUST BE IN THE ORIGINAL CONTAINER WITH THE PHARMACY LABEL INTACT AND CURRENT. WHEN FILLING MEDICATIONS ASK THE PHARMACY FOR A SCHOOL BOTTLE. THIS WILL ELIMINATE TRANSPORTING MEDICATIONS ON A DAILY BASIS.

I accept full responsibility for notifying the Director of any changes or difficulties that may develop while dispensing this medication. I have provided the above named prescription medication in the original container with the pharmacy label intact. I understand that failure to provide the above may result in the medication not being given until clarification is obtained. I further give permission for Seeds of Greatness Day Camp to transport my camper. If I cannot be reached by camp authorities, I agree to assume all expenses for moving and medically treating this camper. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthetic which may be carried out based on the medical judgement of the attending physician.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_