

# Middle School

## Camp 2010

Total Cost: \$315

### MUSICIAN

*Miguel Lopez & Praise Band*

**Cost Includes:** \$10 Snack Card, Canoeing, Zoo, Swimming, Horseback Riding, Rodeo, Camp T-Shirt, The Blob, Rodeo, All Meals, 1 Go-Cart Ride, Air Games, Water Park with Lazy River, Waterslide, Wave Pool & More!

**Optional Extras:** Go-Carts \$3.50 (after first ride), Money for Kulaqua's Snack Bar, Camp DVD \$10

**What To Bring:** Sleeping Bags or Sheets, Sun block, Towels, Bible, Pen, Toiletries, Modest Swimsuit, Several Changes of Clothes, A Great Attitude!

**What Not To Bring:** CD Players, Walkie Talkies, Cell Phones, Ipods, mp3, and any \*\*other electronics.

### CAMP KULAQUA

Rt. 2 Box 244K · High Springs, FL 32643  
(386) 454-1351 · [www.campkulaqua.com](http://www.campkulaqua.com)

**ELIGIBILITY:** Grades 6-8

**PARENTS NOTE:** \*\*Any electronic items brought to camp will be held until the end of the week. No cell phones allowed.

**Check-In begins at Noon on Wednesday, July 28. Please be sure your camper eats lunch prior to check-in. We will return to the church at 1:00 p.m. on Sunday, August 1.**

### FIRST BAPTIST CHURCH OF INDIAN ROCKS MEDICAL CONSENT FORM

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Father's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

*In case of emergency, contact (other than parent):*

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Known Allergies \_\_\_\_\_  
Date of last DPT \_\_\_\_\_  
Known Medical Conditions \_\_\_\_\_  
Current Medications \_\_\_\_\_

**In the event of an emergency at which time I cannot be reached, I give my permission to the physician, nurse, or dentist, selected by FBCIR, to secure medical or dental aid as required for illness or injury, including transportation to and from the necessary facilities.**

Signature of Parent or Legal Guardian:

Witness my hand and official seal,

this \_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_ .

My commission expires: \_\_\_\_\_

Notary Public, State of Florida at Large

## REGISTRATION FORM

To avoid delays, please print clearly in blue or black ink. Complete all information. Use N/A in those areas which do not apply. Use this form for one camper or adult sponsor only. If necessary, please make copies for additional names.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  Boy  Girl  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 School \_\_\_\_\_  
 Grade You are Going Into in 2010 \_\_\_\_\_  
 T-Shirt Size (Adult):  S  M  L  XL

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I would like to request these two friends to be in my cabin:

1) \_\_\_\_\_  
 2) \_\_\_\_\_

Please clip and include \$25 NON-REFUNDABLE registration fee. Total camp cost is \$315. Mail to First Baptist Church of Indian Rocks, 12685 Ulmerton Road, Largo, FL 33774. If you have any questions, please call Gary Hunt at 593-8724 or the Church Office at 595-3421.

Your Fee:	
Deposit Paid .....	\$ _____
Balance Due .....	\$ _____
Balance Paid .....	\$ _____
Video Paid/DVD .....	\$ _____

MIDDLE SCHOOL CAMP



2010

**Sponsored By:**  
 FIRST BAPTIST CHURCH  
 OF INDIAN ROCKS  
 12685 Ulmerton Road  
 Largo, Florida 33774  
 Phone: (727) 595-3421  
 Fax: (727) 595-6346

*Additional  
 Registration Forms  
 available online at:  
[www.the-spot.us](http://www.the-spot.us)  
 or [www.indianrocks.org](http://www.indianrocks.org)*  
 (Middle School Ministry Page)

July 28- August 1 ~ [www.campkulaqua.com](http://www.campkulaqua.com) ~ Grades 6-8



MIDDLE SCHOOL STUDENT CAMP 2010
AUTHORIZATION FOR MEDICAL RELEASE AND RELEASE OF LIABILITY

I give my consent for my son /daughter ("child"), \_\_\_\_\_, to participate in Middle School Student Camp ("activity").

I authorize and 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 and/or time is of the essence, I give my consent to transport by ambulance if the situation warrants.

Also, by allowing my child to attend the activity, the undersigned recognizes and acknowledges that there are inherent dangers and risks in the activity, which dangers and risks the undersigned, on behalf of himself/herself, as well as on behalf of the undersigned's spouse, children, ward and others for whom the undersigned is legally responsible, hereby assumes. Consequently, it is understood and agreed that in consideration of my child being permitted to participate in the activity, the undersigned, on behalf of himself/herself, as well as on behalf of the undersigned's children, ward and others for whom the undersigned is legally responsible, hereby releases, discharges, indemnifies and holds harmless the First Baptist Church of Indian Rocks, Inc., Indian Rocks Christian School, their agents, employees, representatives, chaperones and volunteers, from any and all claims, actions, demands, or damages whatsoever, in law or in equity (including attorneys' fees and costs incurred in connection therewith), and specifically including those arising as a result of any alleged negligence of the First Baptist Church of Indian Rocks, Inc., Indian Rocks Christian School, their agents, employees, representatives, chaperones and volunteers, for any and all injury, damage or loss, to person or property, arising directly or indirectly from attending the activity or participating in any activities in connection therewith.

Finally, by signing below, I am representing that I am legally authorized to bind, and am hereby binding myself, my spouse, children, ward and others for whom I the undersigned is legally responsible

\_\_\_\_\_  
(Signature and Relationship to student)

NOTARIZATION REQUIRED

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Whom is personally known to me or who produced the flowing identification \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

seal or statmp

