



Lighthouse Christian Ministries  
800 Grand Avenue  
Bacliff, Texas 77518  
Office: 281.339.3033



## KIDZ DAYZ Camper Registration Form

Camp is for kids going INTO 1st through 6th grades only.

Student's Name: \_\_\_\_\_

Grade Going into Fall 2022: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Gender (Circle): Male/ Female      Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

School Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City / State / Zip code: \_\_\_\_\_

List any dates that your child will not be able to attend: \_\_\_\_\_

**Summer Meal Boxes:** We will be distributing Summer Meal boxes from the Houston Food Bank to each child at camp. We would be happy to supply you with meals for each child in your home, who attends school. You will be responsible to provide a report card for each child you would like to receive a box. How many students in your home will be receiving the boxes? \_\_\_\_\_

**\*\* Please Complete Both Sides of This Form\*\***

# KIDZ DAYZ

## EMERGENCY CONTACT INFORMATION

Child's Full Name: \_\_\_\_\_

### **Emergency Contacts (3): (MUST BE WORKING NUMBERS)**

\* 1<sup>st</sup> Contact Name: (Parent/Guardian): \_\_\_\_\_

Phone: \_\_\_\_\_

\* 2<sup>nd</sup> Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

\* 3<sup>rd</sup> Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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### **Medication Release & Allergy Information**

I, \_\_\_\_\_, hereby affirm and agree that I am the parent or legal guardian,  
(Print parent name)

of \_\_\_\_\_, a minor and that I am legally competent to sign this agreement.  
(Print name of minor)

During Kidz Dayz Camp, the month of July 2022, I give the camp staff permission to administer the following medications as needed:

- Children's Motrin
- Children's Tylenol
- Benadryl Liquid or Cream
- Sunscreen
- Bug Spray

Please list any allergies here: \_\_\_\_\_

\_\_\_\_\_

X  
Custodial Parent or Legal Guardian Signature

\_\_\_\_\_ Date



## Lighthouse Christian Ministries

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### **Liability Release and Consent to Emergency Medical Care: LCM KIDZ DAYZ**

I, \_\_\_\_\_, hereby affirm and agree that I am the Parent or Legal Guardian of  
Print Parent Name

\_\_\_\_\_, a minor ("Minor") and that I am legally competent to sign this  
Print Name of Minor

agreement and release. As parent(s), legal guardian(s), or custodian(s) of this Minor, I/we permit him/her to participate in all officially supervised Lighthouse Christian Ministries KIDZ DAYZ Program and Activities for which he/she is registered. I KNOWINGLY RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS Lighthouse Christian Ministries, ITS MEMBERS, TRUSTEES, BOARDS, LEADERSHIP, AND STAFF, AS WELL AS COUNSELORS, ORGANIZERS, WORKERS AND ALL OTHERS ACTING ON BEHALF OF Lighthouse Christian Ministries OR ITS PROGRAMS AND ACTIVITIES, FROM ALL CLAIMS AND LIABILITY ARISING OUT OF PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS SUFFERED OR INCURRED BY THE MINOR NAMED ABOVE ARISING OUT OF OR IN CONNECTION WITH PARTICIPATION IN SUCH PROGRAMS AND ACTIVITIES (INCLUDING AUTHORIZED TRANSPORTATION), EVEN IF THE INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS IS CAUSED BY THE SOLE OR CONTRIBUTORY NEGLIGENCE OF KIDZ DAYZ AND/OR ITS MEMBERS OR REPRESENTATIVES. In the event that my child requires medical or dental attention while attending a KIDZ DAYZ event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize Crystal Matthews, Program Director or any other adult counselor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not. I have read and understand this Liability Release and Consent to Emergency Medical Care and represent that all of the information contained herein is true and correct. I, hereby, accept and assume all the risks of injury associated with the activities of Lighthouse Christian Ministries. This release shall remain in effect unless terminated in writing.

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Custodial Parent or Legal Guardian Signature

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Date



## Lighthouse Christian Ministries

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### Lighthouse Christian Ministries Photo Release Form for Minors

I hereby grant to Lighthouse Christian Ministries (LCM) the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, videotapes, or any pictures LCM takes of my child or in which he/she be included with others, to copyright the same; to re-use, publish and republish the same in whole or in part, individually or in conjunction with other images, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any other purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or reproductions thereof in color, black and white or otherwise made through any media.

I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless LCM legal representative or assigns and all persons acting under its permission or authority, from any liability in connection with the use of the images as aforesaid or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof.

I hereby grant permission to LCM to photograph and/or videotape my child during activities to use the images in LCM's audio-visual and printed material without compensation or approval rights.

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

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name of Minor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



## KIDZ DAYZ LCM TRANSPORTATION RELEASE

**Seating is limited. This service is for students who have no other way to get to camp.**

I give my child, \_\_\_\_\_ permission to ride the  
(Child's Name PRINT)

KIDZ DAYZ BUS or VAN, during the Month of July, for camp related events.

Pick Up / Drop Off Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

If this is not the address on your application, please explain who resides at the address and what is their relationship to the child: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts:

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent /Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_