



Lighthouse Christian Ministries
800 Grand Avenue, Bacliff, Texas 77518
Office: 281.339.3033 ext 301
Crystal@lighthousecm.org

KIDZ DAYZ Camper / Youth Volunteer Registration Form

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

Student's Name: _____

What grade are you entering? _____ T-Shirt Size: _____ (Indicate Youth or Adult)

Circle One: CAMPER (1st – 6th grade) or YOUTH VOLUNTEER (9th to 12th grade)

Gender (Circle): Male/ Female Birthday: _____/_____/_____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Home Address: _____

City / State / Zip code: _____

How will your child get to camp each day? Car / Bus / *Bike or Walk

How will your child get home each day? Car / Bus / *Bike or Walk

*If your child is a bike rider or walker there will be an additional waiver to sign.

Summer Meal Boxes: We will be distributing Summer Meal boxes from the Houston Food Bank to each child at camp. We are happy to supply you with meals for each school-aged child in your home. You will be responsible to provide a report card or birth certificate 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)

* 1st Contact Name: (Parent/Guardian): _____

Phone: _____

* 2nd Contact Name: _____

Phone: _____

* 3rd Contact Name: _____

Phone: _____

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 2023, 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

800 Grand Avenue
Bacliff, Texas 77518
Office: 281.339.3033

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.

Custodial Parent or Legal Guardian Signature

Date



Lighthouse Christian Ministries

800 Grand Avenue
Bacliff, Texas 77518
Office: 281.339.3033*301

Lighthouse Christian Ministries Photo Release Form

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 myself or 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/ Guardian / Self (18+): _____

Printed Name of Minor or Self (18+): _____

Address: _____

City: _____ State: _____ Zip: _____



KIDZ DAYZ LCM

TRANSPORTATION & RELEASE WAIVER

Seating is limited on the bus. Transportation is for students who have no other way to get to camp.

I give my child, (print child's name here) _____ permission to ride the KIDZ DAYZ BUS or VAN, during the Month of July, for camp and related events.

***** My child will ride the bus Every day or For Field Trips Only *****

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: _____

Please list all people who are authorized to pick up your child from camp:

1. Full Name (as it appears on their ID): _____
Relationship: _____ Phone: _____
2. Full Name (as it appears on their ID): _____
Relationship: _____ Phone: _____
3. Full Name (as it appears on their ID): _____
Relationship: _____ Phone: _____

This Section is for Bike Riders and Walks ONLY:

My name is _____ and I give permission to Lighthouse and Kidz Dayz Summer Camp to release my child, _____ to ride their bike or walk home from camp. By signing below, I state and understand that Lighthouse and Kidz Dayz Summer Camp is not responsible for my child after they leave the church premises, from July 8th to July 26th.

Parent/ Guardian's Full Name (Printed)

Parent/ Guardian's Full Signature

Today's Date