



Sparks Camp-a-Rama Registration Form

Attention!
 All 2nd graders who have completed a book in the current year are eligible to attend Sparks Camp-a-Rama!

Date: Saturday, May 15, 2010
Time: 8:30 AM to 3:15 PM
Place: Camp Gilead
 Polk City, Florida (between Tampa and Orlando)
For: 2nd Grade Sparks who have completed a book during the 2009-2010 Club Year
Cost: \$25.00 per person if registered on or before May 1, 2010 (Adult or Spark). Please send one check for all participants

Permission Form: All Campers must have a Permission and Medical Release Form completely filled out and notarized to participate in Camp-a-Rama. Please turn in with registration.

Church Information	Church Name		City	
Contact Information	Name	Address	City	Zip Code
	Phone	Email		

Sparks Names		Accompanying Adult Names	
1.	6.	1.	6.
2.	7.	2.	7.
3.	8.	3.	8.
4.	9.	4.	9.
5.	10.	5.	10.

_____ Adults & Sparks @ \$25.00 each..... \$ _____
 (Payment postmarked on or before May 1, 2010)

_____ Adults & Sparks @ \$30.00 each..... \$ _____
 (Payment postmarked after May 1, 2010)

Date Payment is Postmarked..... _____

Total Enclosed \$ _____

- Camp-a-Rama will be held rain or shine - Pray for shine.
- Sparks should wear play clothes, socks, sneakers & a hat.
- It is a good idea to bring sunscreen and insect repellent.



Make check payable to:
Awana Clubs International
 (One check for all participants)

Please mail to:
 Florida Awana
 PO Box 704
 Valrico, FL 33595

Online Registration is available at:
www.AwanaFL.com



Office Use Only:	
Date Postmarked: _____	
Check Number: _____	Amount: _____

Camp-a-Rama

Parental Consent and Medical Release

To Whom It May Concern:

The undersigned does hereby give permission for our (my) son or/daughter _____ to attend and participate in Awana Sparks Camp-a-Rama on May 15, 2010. I also give permission for our (my) son/daughter to participate in camp activities on or off the campgrounds. 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 sponsored by Awana Sparks Camp-a-Rama.

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 advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) do herewith authorize the treatment by this authority and is granted only after a reasonable effort has been made to reach us/we the parent(s) and/or guardian(s).

We (I) the undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and 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.

This consent and release will be in effect during the day of May 15, 2010. My signature also served to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant. My signature serves to indicate my willingness for my Health Insurance Company: _____ Policy number: _____, Group number: _____ to be billed for any and all medical fees and services should they be needed. I (we) hereby release Awana Sparks Camp-a-Rama and Awana Clubs International from this liability.

The undersigned does hereby release and agree to hold harmless Awana Sparks Camp-a-Rama and Awana Clubs International and their directors, employees, agents, or representatives from any and all liabilities or claims for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that occur within the effective dates stated above and/or while said child is participating in the above named camp program and it's activities.

Other Releases and Acknowledgements

I understand that, while my son/daughter is participating in Camp activities, photographs, film, audio recordings and videotape of my son/daughter may be taken for use in brochures, videos, release to the pres, and various ACI publications and other work product. I do hereby irrevocably grant ACI permission to record, display and/or reproduce my child's name (first name only), likeness and voice on audio and/or video tape, film or other media. To edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now know or hereafter to be known.

Name of Camper

Date of Birth

Parent or Guardian's Signature

Printed name of Parent or Guardian

Notary Public (**Signature & Stamp/Seal REQUIRED**)

Family Doctor _____ Phone _____

List any specific medical allergies, chronic, illness, or other conditions _____

Emergency phone number (other than listed above) Contact _____

Phone _____

Date of last Tetanus shot _____

Will camper be under medication while at camp? _____ If yes, explain _____