



**Dates: May 31-July 29**

Rates: 5-day weekly and 3-day weekly rates available

Discounts: Military and multi-child discounts

Ages: 5-12

Times: 6:30am-5:30pm | Monday-Friday



# Registration Information

**DISCOUNTS** (please check one):

- Tucson Baptist Church Member | \$145 5-day | \$95 3-day
- Active Military | \$155 5-day | \$105 3-day
- N/A | \$165 5-day | \$115 3-day

\*Multi-child discount will be a \$10 weekly discount for each additional child

## CHILD #1

First Name	<input type="text"/>	Birth Date	<input type="text"/>
Last Name	<input type="text"/>	Age	<input type="text"/>
Gender	<input type="text"/>	Shirt Size	<input type="text" value="__ YXS __ YS __ YM"/> <input type="text" value="__ YL __ YXL"/>

## CHILD #2

First Name	<input type="text"/>	Birth Date	<input type="text"/>
Last Name	<input type="text"/>	Age	<input type="text"/>
Gender	<input type="text"/>	Shirt Size	<input type="text" value="__ YXS __ YS __ YM"/> <input type="text" value="__ YL __ YXL"/>

## CHILD #3

First Name	<input type="text"/>	Birth Date	<input type="text"/>
Last Name	<input type="text"/>	Age	<input type="text"/>
Gender	<input type="text"/>	Shirt Size	<input type="text" value="__ YXS __ YS __ YM"/> <input type="text" value="__ YL __ YXL"/>

## PARENT or LEGAL GUARDIAN'S INFORMATION

First Name	<input type="text"/>	Address	<input type="text"/>
Last Name	<input type="text"/>		<input type="text"/>
Contact #	<input type="text"/>	Email	<input type="text"/>

## Field Trip Permission Slip & Acknowledgements

Please initial that you acknowledge the following:

\_\_\_\_\_ Falcon Camp begins at 6:30 AM and ends at 5:30 PM. Please have your child arrive no earlier than 6:30 AM. **If your child is not picked up by 5:30 PM you will be immediately charged \$15; after 5:45 PM there is a \$1 per minute charge.**

\_\_\_\_\_ My child will be dropped off by 9:00 AM every day and cannot be picked up before 2:30 pm unless the staff is otherwise notified. If your child has an appointment or needs to be dropped off/picked up outside of these time restrictions, please speak to our staff in advance so we are able to accommodate your needs. This is a result of our field trip activity schedule. Any student not present by 9:00 AM may not be able to attend Falcon Camp for the day as we may have left campus to attend a field trip and we will not be able to provide alternative transportation, once field trips begin.

\_\_\_\_\_ Each child will be given a Falcon Camp T-shirt. They are required to wear the designated Falcon Camp T-shirts to off-campus field trips. The director will provide you with a weekly schedule of when your child will need to wear the designated Falcon Camp T-shirt.

\_\_\_\_\_ Your non-refundable pre-registration fee of \$50 (\$30 for early registration before May 1) must be enclosed in order to process your registration.

\_\_\_\_\_ A birth certificate for each child must be enclosed to process registration.

\_\_\_\_\_ Your weekly camper fee is due upon receiving your invoice. Invoices will be emailed out weekly. To pay your camper fee, you will go to [tucsonbaptistacademy.com](http://tucsonbaptistacademy.com), and click make a payment on the home page. It will direct you to our Secure Give website, where you can select the "Soaring Falcons Summer Camp" category and input the child's name and the week/dates to which your payment should be applied. **A \$20 late fee will be charged for payments received late.**

\_\_\_\_\_ Each student is responsible for providing their own lunch. We do not have refrigeration available, so please provide ice packs in their lunch box if necessary. **Due to several students having severe allergies to nuts, we are a nut-free campus.** Students may bring items to heat up at lunch time.

My child, \_\_\_\_\_ has my permission to ride the TBC bus/van and participate in the Soaring Falcons Summer Camp field trips from May 31-July 29, 2022.

Vehicle License Plate Numbers:

- Van #1 CJ 82735
- Van #2 CJ 85734
- White Bus CG 39195

I agree that I understand the risks of outdoor activities, my financial responsibilities listed above, and consent to the following: I shall not hold Soaring Falcons Summer Camp/Tucson Baptist Academy responsible or legally liable for losses of personal property or bodily injury; my child may participate in all camp activities unless otherwise stated. My signature below verifies that I am the parent or legal guardian of the child(ren) above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

## Social Media and Website Waiver

I give my permission for my child's picture to appear on the Soaring Falcons' Summer Camp/Tucson Baptist Academy Facebook page and website. My child's name or age will not be shared unless I, the parent, do so by tagging their picture for my own personal use. I understand the pictures are being posted to promote awareness and advertise for enrollment for Soaring Falcons Summer Camp.

\_\_\_\_\_

Date Signature of Parent / Guardian

## Medical / Emergency Consent Form

**CHILD'S INFORMATION:**

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

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

**Student Medical Information:**

Known medical conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Precautions to be taken: \_\_\_\_\_

Other medical information: \_\_\_\_\_

Please check any of the following non-prescription medications your child may be given as per directions on container:

Ibuprofen    Acetaminophen    Cough Drops    Benadryl    Tums

**Emergency Contacts: I authorize the following individuals to pick-up my child from the facility in case of emergency or if I cannot be contacted.**

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

**Health Insurance Information:**

Health Care Provider (Doctor)	Name or company name:	Phone Number:
Hospital Preference	Name:	Phone Number:

**Parent or Legal Guardian Consent**

I/we authorize the school to administer first-aid treatment and the non-prescription medication(s) as I/we have indicated on the previous page.

If emergency service involving medical action and/or treatment is required and neither parent nor guardian can be contacted, I hereby consent for the student named above to receive medical care by a doctor/medical professional selected by the school and/or athletic staff. This may also include ambulance service.

This emergency information is accurate and completed by the following parent/guardian:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

**Waiver of Liability Relating to Coronavirus/COVID-19**

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people over the past several weeks. **Tucson Baptist Academy/Soaring Falcons Summer Camp** (the "Ministry") has put precautions in place to reduce the spread of COVID-19; however, the Ministry **cannot guarantee** that you or your family, including your child (ren), will not become exposed to or infected with COVID-19. Further, because of the number of individuals involved in Tucson Baptist Academy/Soaring Falcons Summer Camp and the fact that many infected individuals appear to be asymptomatic, **attending school/summer could increase** you and your child(ren)'s risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19. I also acknowledge that by attending the Tucson Baptist Academy/Soaring Falcons Summer Camp, such exposure or infection may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Tucson Baptist Academy/Soaring Falcons Summer Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Ministry employees, contractors, volunteers, members, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child (ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Ministry or participation in Tucson Baptist Academy/Soaring Falcons Summer Camp ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Ministry, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Ministry, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Print Name of Parent / Guardian