



FUN at FAITH REGISTRATION FORM
FOR CHILDREN
(4 years thru 5th grade)
July 17, August 7, 2025; 3:00 – 6:00 P.M.
FAITH PRESBYTERIAN CHURCH

Contact's Name:	
Address:	
City:	Zip:
Cell #:	Alternate #:
Email:	
Will you be picking up your child each day? Circle: YES NO	
If NO, provide the person's name picking up your child:	
If NO, provide the person's name and relationship picking up your child	Name and relationship:
Cell #:	Alternate #:
1. Emergency Contact's Name and cell #:	
2. Emergency Contact's Name and cell #:	
Your home church:	

Child's Name	Age (yrs)	Date of Birth	Grade Completed	Allergies / Medical Info

(OVER)

HEALTH RELEASE: In the event of an emergency and in my absence, I hereby give consent to any of the Faith Presbyterian Camp staff to seek emergency medical treatment for the child(ren) named above. While understanding that all reasonable safety precautions will be observed, I understand the possibility of unforeseen hazards and the inherent possibility of risk. I voluntarily agree not to hold legally liable Faith Presbyterian, any of its employees, volunteers, or other representatives associated with providing or arranging emergency medical treatment for my child(ren).

DATE: _____ **PARENT (GUARDIAN) SIGNATURE:** _____

PHOTOGRAPHY WAIVER: I understand Faith Presbyterian from time to time produces material about its programs. I understand that my child(ren) named on this form may be included in photographs or video taken at the church or church activities. I hereby give my consent for photographs and/or videos to be taken of my child(ren) to be used as agents of Faith Presbyterian Church deem appropriate.

DATE: _____ **PARENT (GUARDIAN) SIGNATURE:** _____

PLEASE BRING THIS FORM WITH YOU
OR RETURN THIS FORM BY JULY 17 TO:

Faith Presbyterian Church
3900 North Main St
Baytown, TX, 77521

Questions? Call our church office at: 281-422-2938



Scout says
“The LORD your God is with you wherever you go.”
Joshua 1:9

