



# APRIL 1-4, 2019

## LITTLE RIVER BAPTIST ASSOCIATION KID'S DAY CAMP

Don't miss out on the life-changing FUN this spring!

- Builds memories, friendships, new skills, faith and character in an outrageously fun, safe environment.
- Encourages kids to engage in age-appropriate activities, challenging them physically, mentally and spiritually.
- Designed for first through sixth grades.

### Sample Schedule

9:00-10:30	Fun and Games
10:30-10:40	Break
10:40-11:10	Fun Songs and a Mission Story
11:10-12:00	More Fun and Games
12:00-12:45	Lunch and Bible Study
12:45- 2:00	Still More Fun and Games



**Day 1: Playing with Friends!**

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**Day 2: Playing for Me!**

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**Day 3: Playing the Oldies!**

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**Day 4: Playing Some More!**

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**Only \$20 per child  
for the entire  
4-day event \***

\* Bring a sack lunch

**LOCATION  
EAST CADIZ  
BAPTIST CHURCH**

**407 Third Street  
Cadiz, KY 42211  
270-522-7522**

**Monday - Thursday  
9:00 AM to 2:00 PM**

# Registration

2019 Little River Baptist Association Spring Break Day Camp  
East Cadiz Baptist Church, 407 Third Street, Cadiz, KY 42211  
Bring your \$20 fee and this completed form to Day Camp on Monday, April 1, 2019

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

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## In Case of Medical Emergency

I understand that every effort will be made to contact the parents/guardians, or my emergency contact. However, permission is hereby granted to:

\_\_\_\_\_  
*(Person authorized by Little River Baptist Association to make the decision)*

To authorize treatment by a physician to perform necessary medical treatment, including injection, anesthesia, or surgery for my child until such time as parents/guardians or my emergency contact can be reached.

Signature (Parent or Guardian)

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

### Hospitalization Insurance:

Company: \_\_\_\_\_ Policy or Identification Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

List all known allergies: \_\_\_\_\_

### Persons to be contacted in case of emergency:

Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_