

VBS "Power Lab"

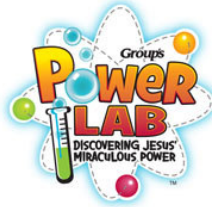
July 28– August 1, 2008

Ages 4-12

Time: 9:00- 11:45

Cost: \$10.00/child
or \$20.00/ family

Give children a new enthusiasm for God's Word—and for Jesus! As we engage kids with fun, science-themed surprises, you'll see amazing things happen. The delighted smiles...the memorable Bible points...they all add up to making a life-long difference in the lives of children!



Programs for Children

**SUMMER PROGRAMS
FOR YOUR CHILDREN
DAY CAMPS, SPORTS
CAMPS, AND VBS FOR
YOUR CHILDREN
THROUGHOUT THE
SUMMER**

Summer
your

Day
Sports

VBS for your children throughout the summer



Programs for
Children

Camps,
Camps, and

5005 53 Ave
Corner of 50 St. & 53 Ave.
Olds, AB T4H 1H6

Phone: 403-556-3219

Fax: 403-556-2840

E-mail: info@firstbaptistolds.ca

www.firstbaptistolds.ca

Summer Programs

Summer Day Camps

This summer you can register your child for 4 different camps throughout the summer.

Each Camper will receive each week :

- A T-Shirt
- Take Home Crafts

Day Activities

Games	Snacks
Swimming	Crafts
Stories	Daily Challenge Activities

Primary– Completed Grades K-2

Dates: July 21-25 & August 4-8

9:00 am -3:30 pm

Cost: \$50/Week– Camper Sponsorship available
Spaces are limited, register early

Junior– Completed Grades 3-5

Dates: July 7-11 & August 11-15

9:00 am -3:30 pm

Cost: \$50/Week– Camper Sponsorship available
Spaces are limited, register early

SU Soccer Sports Camp

Date: July 14-18

Ages 8-12

9:00 am -3:30 pm

Cost: \$90.00/ Week

Spaces are limited– Register early to secure your spot at the camp.

Head Coach: Brad Heidebrecht

- 25 Years Experience as a player
- Coaches a men's team in Edmonton
- Coached the King's University College Indoor Team

Each Camper will receive:

- Soccer Ball
- Water Bottle
- T-Shirt
- Prizes & Awards
- Excellent Coaching
- Drills & Practice Information



Sports are one of the most powerful influences in our society and we are seeking to facilitate children and youth of all ages to experience excellence in sports and life.

Medical Information

All information gathered will be protected under the privacy provision of the
Freedom of Information and Protection of Privacy Act (FOIPP)

Does your child have any severe allergies? (Bee stings, food, penicillin,
other drugs.) Yes ___ No ___

Please explain:

Does your child have any life-threatening allergies? Yes ___ No ___

Please explain:

Is your child bringing any medications with him/her? (Antibiotics, inhaler,
Ritalin, etc) Yes ___ No ___

Medication: _____

Self Administered? Yes ___ No ___

Instructions on use: _____

Please be aware that **First Baptist Church, Olds** and its workers will
administer your child's medications as per your instructions only. If
medication needs are above the level of expertise available, other ar-
rangements will need to be made by you for the administration of the
medication. ____ (Please Initial)

Emergency Information

Permission Form

I hereby authorize the staff of **First Baptist Church, Olds** to seek medical attention for my child, should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery, if the attending physician deems necessary. ____ (Please Initial)

Your child will be cared for as if he/she were our child. Every precaution is taken for the safety and good health of your child, but in the event of sickness, **First Baptist Church, Olds**, its staff, and its volunteers are hereby released from any liability.

Do you give permission for your child to be included in pictures taken during any of First Baptist Church, Olds Summer Camps at First Baptist Church, Olds, AB? Yes ___ No ___
(Pictures of this event may be taken for purposes of publicity and wrap up festivities)

I give permission for my child to take part in the registered First Baptist Church, Olds Summer Camp Program

Parent/Guardian Signature: _____

Date: _____

Phone number: (work) _____
(home) _____
(cell) _____
(Other) _____

CAMPER GENERAL REGISTRATION FORM

Child's Name _____

Birthdate ____/____/____ Gender: Male / Female
mm / dd / yyyy

Shirt Size YS, YM, YL , AS AM AL AXL (circle one)

Age (as of Jan 31, 2008) _____ Grade completed _____

Doctor: _____ Ph: _____

Alberta Health Care #: _____

Mother's Name: _____

Father's Name: _____

Address: _____

City: _____ Postal Code: _____

Phone No.: _____

email: _____

Emergency Contact: _____

Relationship: _____

Phone #: _____

Cell #: _____

Other #: _____

CAMP Registration

July 7-11 Junior Day Camp \$50.00 _____
(Completed Grades 3-5)

Request: _____

July 14-18 SU Sportz Camp \$90.00 _____
(Ages 8-12)

Request: _____

July 21-25 Primary Day Camp \$50.00 _____
(Completed Grades K-2)

Request: _____

July 28- Aug 1 VBS Power Lab \$10.00 _____
(Ages 4-12)

Request: _____

August 4-8 Primary Day Camp \$50.00 _____
(Completed Grades K-2)

Request: _____

August 11-15 Junior Day Camp \$50.00 _____
(Completed Grades 3-5)

Request: _____

Total _____

**Please make Cheque payable to "First Baptist Church"