



Miami Beach Community Church Summer Camp About Our Camp

We are excited to embark on a week-long adventure where we will explore the courageous story of Daniel in captivity. Through engaging games, creative crafts, and interactive storytelling, our campers will be immersed in the biblical tale of Daniel's unwavering faith and bravery. Miami Beach Community Church takes the safety of our campers very seriously. Each staff/volunteer have completed a background check.

During our camp, campers will have the opportunity to dive into Bible stories, learn uplifting songs, memorize scriptures, and even participate in acting activities. We believe in providing a well-rounded experience that nurtures both the mind and the spirit.

As a special highlight, on Sunday June 18th, parents are invited to see their children perform live on our stage. Each child will have a part to play in our grand finale, and we know they will shine with pride as they showcase their talents. To ensure a polished performance, our final rehearsal is scheduled for Sunday June 18th at 10:30am, while parents are welcome to attend our 10:30am service. The show will take place at 12:30pm, and we can't wait to see our campers' hard work come to life!

Join us for a week of adventure, faith-building, and fun as we journey through Daniel's story and discover the power of courage in the face of adversity. We can't wait to make lasting memories with our campers and celebrate their achievements with you, their proud parents. See you at MBCC Church Camp

Date: June 12 - June 16, 2023

Address: 1620 Drexel Avenue Miami Beach, FL. 33139

Time: 9:00am-5:00pm

Drop off: 8:30am -5:30pm

Ages: 7-12 years

Have questions? please contact out office at 305-538-4511

A one-time registration fee of \$50 at the time of the application. Scholarships are available for participants with financial need.

- Breakfast, snacks, and lunch will be provided. However, if your child has an allergies we request that they bring their lunch each day to prevent contamination.
- Scholarships are available. Please complete the scholarship

Application form.

Student:

Last name _____ First name _____ Middle Initial _____
Student's Age / D.O.B _____

Parent/Guardian 1:

Last Name _____ First Name _____ Middle Initial _____
Home Phone _____ Cell Phone _____ Work Phone _____
E-mail _____

Parent/Guardian 2:

Last Name _____ First Name _____ Middle Initial _____
Home Phone _____ Cell Phone _____ Work Phone _____
E-mail _____
Home Address _____ City _____ ZIP Code _____
School Attending _____
Emergency Contact _____
Phone _____
Authorized to pick-up _____

Student's allergies/medical conditions or/and any other information you would like to share with us about your child:

Non-refundable registration \$ 50.00 Cash Pay Online Check (Payable to Miami Beach Community Church)

Parent / Guardian Signature	Print Name
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Medical Release Form



Name of child _____

Age _____ Date of Birth _____

I/We agree the undersigned parent(s) or legal guardian(s) of the above-named minor, acknowledge that I/We may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give MBCC (Miami Beach Community Church) staff the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such time as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that MBCC (Miami Beach Community Church) shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatments to be given, but are in no way intended to restrict the giving of authorization or consent by MBCC (Miami Beach Community Church). I understand that this form is in effect from the date signed and that is my responsibility to inform MBCC (Miami Beach Community Church) of any changes to this form.

Signature of Parent/Guardian #1 _____	Date _____
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Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Signature of Parent/Guardian #2 _____	Date _____
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Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Pediatrician's Name _____ Phone Number _____

Hospital Preference _____ Phone Number _____

Address _____ City/State/Zip _____

Insurance Company _____ Policy Group _____

Date of Minor's last tetanus shot _____

List of current medications _____

Allergies _____

Medical history or other important fact that we should know _____

Authorization for Medication



I, _____ the parent/guardian of
Parent/Guardian Legal Name

_____, Authorize the staff of Miami Beach
Community Church Student's Name

To administer the following designated medication to my child.
If not applicable, please indicate by writing N/A and sign

Name of medication _____

Describe the circumstances under which the medication is to be administered

Dosage _____ Time _____

In detail, describe how to administer the medication.

Parent/Legal Guardian Name _____

Signature of Parent/Legal Guardian _____	Date _____
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Authorization for Photography/Video



I, the undersigned parent/legal guardian of _____

Hereby authorize and give consent to service and the staff of Miami Beach Community Church as follows

I hereby: Consent and authorize OR Do not consent and authorize

the staff of Miami Beach Community Church to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "recordings" of me, my children, or mywards for educational, research, documentary, marketing and public relations purposes.

- Any such recordings may reveal your identity through the image itself without any compensation to you, your child or wards.
- And all recordings taken of you, your children or wards shall be the sole property of Miami Beach Community Church.
- With regard to the use of any recordings taken of you, your children, or wards, you hereby waive any and all present and future claims you may have against Miami Beach Community Church, their staff, serviceproviders, employees, agents, affiliates and board members.

Parent/Legal Guardian Signature _____

Date _____

Parent/Legal Guardian Print Name _____