

# NHBC Kids Kamp 2026 Camper Registration Form

**Date:** June 29<sup>th</sup> through July 3<sup>rd</sup>, 9:00 AM – 4:30 PM Daily  
Check-In Monday, June 29<sup>th</sup> at 8:30 AM  
at Camp Wo-Me-To, Jarrettsville, MD

**Age:** 9-12 yrs. old as of June 29, 2026

**Cost:** \$140\* – includes all activities, lunch, insurance, & all fees  
\*Families with multiple children: 2<sup>nd</sup> child: \$130; 3<sup>rd</sup> child and up \$120

**Activities:** Chapel services, hiking, swimming, arts and crafts, fishing,  
ball games, music, boating, field games, Vespers, and more!

**INFO:** North Harford Baptist Church, 410-836-6994  
email: [info@northharford.org](mailto:info@northharford.org)



**Registration Form and Deposit – MUST BE RECEIVED BY **MAY 31ST****

**\*\*LIMITED SPACES AVAILABLE – FIRST COME, FIRST SERVED\*\***

Child(ren)'s Name(s)	Gender	Date of Birth	Grade completed June 2026	Free T-Shirt for camper! Choose Size: Youth- S, M, L or Adult- S, M, L

**Parent/Guardian Name:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

We will confirm your registration and send further information through email,  
so please give us one or more email addresses. Thank you!

Are you affiliated with a church? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Please mail the completed form with a \$50 deposit\* per child to North Harford Baptist Church  
4008 Old Federal Hill Road  
Jarrettsville, MD 21084



**NORTH HARFORD  
BAPTIST CHURCH**

*\*Make checks payable to:* North Harford Baptist Church or  
go to <https://northharford.churchcenter.com>, click on Signups, and  
then Kids Kamp 2026 to register and pay online.

**Complete a Medical Information Form and Media Release Form for each child and include them with the registration and deposit.**

**NHBC Kids Kamp 2026 Medical Information Form**

**PLEASE COMPLETE ONE FOR EACH CHILD!**

**Camper's Name:** \_\_\_\_\_

Medical **or other** information we need. Please include any **allergies, including food allergies.**

---

---

---

---

**Emergency Contacts:**

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

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

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injection of medications for my child.**

---

**Signature**

**Date**

**Other information:**

Digital media will be used to create a slideshow for the campers, and the Digital Media & Photography Release Form must be completed upon registration. This form is attached.

**Is there any other information you think we should have? Please share below:**

---

---

---

---

---

---

---

---

Each child attending Kids Kamp will receive a slideshow of the activities that took place during the week.

I hereby give **NHBC** permission to use any photographs or video recordings of my child or myself for the above-stated purpose and for the purposes of promoting the Kids Kamp of North Harford Baptist Church.

I understand that this media may be used in printed publications and distributed via various communication media, including, but not limited to the Internet (including the **NHBC** website, **Camp Wo-Me-To** website, and **NHBC** social media accounts that distribute **NHBC** materials), DVDs, and any other communication media.

I acknowledge that I have no ownership rights in the media. In addition, I understand and agree that these images and recordings may be duplicated and distributed in the promotion of the NHBC Kids Kamp camp.

I declare that I have read the above, fully understand its meaning and effect, and agree to it.

Complete Parts (A. agreement) or (B. disagreement) below:

**(A. agreement)**

Print Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**If 18 years of age or older complete below.**

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**(B. disagreement)**

I do not want my photographs or video recording (or my child's) to be taken or published. I understand that two pictures will be taken for facial recognition, but they will not be published.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print your name and child's name \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE ONE FOR EACH CHILD!**