

DAY CAMP REGISTRATION FORM

No Registration Fee
July 6 – 9, 1:00 pm – 5:00 pm

Camper's Name _____ Sex _____ Age _____ Grade Completing _____

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Name of Parent or Guardian _____ Daytime Phone (____) ____ - _____

Address _____ City _____ State _____ Zip _____ Cell Phone (____) ____ - _____

Email Address: _____

Name of Doctor / Health Care Provider _____ Phone (____) ____ - _____

Health Information:

(List any *Allergies, Skin Diseases, Medication, Illnesses or chronic conditions, fears or anxieties, etc.*)

I authorize the following people to pick up my child from Day Camp. If there are any changes in these arrangements, I will give advance written notice. (Note: If there are any special instructions, or any persons who are not authorized to pick up your child, please make a specific note on this page.)

Name	Phone	Relationship
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Name	Phone	Relationship
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____ I am interested in being a Day Camp volunteer.

____ I am interested in providing snacks for the afternoon break.

RELEASE: I give permission for my child to participate in all related programs for the week and agree that the church and staff and volunteers will not be held responsible for accidents or personal injury arising therefrom. I authorize the adult leaders from the church to secure any medical or emergency treatment deemed necessary for my child. I also give permission for my child to be transported in the vehicles of adult staff and volunteers associated with the Day Camp program. As my child's parent or guardian, I am the primary carrier of accident/health insurance for my child. I also grant permission for my child's photo to be used in any promotional materials by the camp and the church.

Signature of Parent/Guardian