

Day Camp 2008 Registration

Child Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Home Phone Number (____)_____

Cell Phone Number (____)_____

Alternate Phone Number (____)_____

Male/Female (Please Circle)

Age _____ Height _____

Birthday _____ Weight _____

Allergies

Medications

(ALL medication MUST be registered or it will not be administered)

Additional Information

Shirt Size: 5/6 7/8 10/12 14/16 Adult MED Adult LRG

Mothers Name _____

Fathers Name _____

Emergency Contacts:

Name _____ Name _____

Relationship _____ Relationship _____

Phone (____) _____ Phone (____) _____

You MUST include a recent picture of your child

Medical Release and Consent for Medical Treatment Form

I, _____(Parent/Guardian's Name) hereby give permission for any and all medical attention or treatment to be administered to my child, _____, in the event of an accident, injury, sickness, etc., while my child is under the direction of Faith Church and/or its staff, until such time as I may be contacted. If I cannot be contacted, a staff member of Faith Church is designated to act on my behalf. I also assume the responsibility for the payment of any such treatment or transportation associated therewith. As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. I hereby release Faith Church, its employees and representatives of any and all liability with respect to bills incurred or decisions made by them as a result of the medical treatment and/or transportation necessary for my child. This release is effective for a period of one year from the date given below.

Address _____

Home Phone: _____

Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____

Physician: _____

Phone: _____

Hospital Preference: _____

Known Allergies to Medication or other: _____

Any Prohibited Medical Procedures: _____

Signature (Parent/Guardian): _____ Date _____

Personal Property Release

The Champion Day Camp staff will work hard to ensure that each child's personal property will return home in the same condition in which it arrived at Day Camp. However, Champion Day Camp is not responsible for lost, stolen, or damaged items throughout the day, regardless of how these items came to their current condition. This policy applies to toys, glasses, clothing, lunch boxes, electronic devices, jewelry, and any other items not provided through Champion Day Camp.

I, the undersigned, understand and will comply with the following Champion Day Camp policy.

Name _____

Signature _____

Date _____

Image Release

The Champion Day Camp will take video and still photos of the children throughout the summer to be used for promotional reasons and possible memory books. These pictures may be posted on the hisfaith.net website or other websites deemed appropriate by the Children's Pastor.

I, the undersigned, understand and release mine and/or my child's personal image to be used for the above reasons.

Name _____

Signature _____

Date _____

Discipline Release

The Champion Day Camp understands that parents are to be the primary means of discipline in a child's life. However, from time to time Champion Day Camp Staff may have to discipline a child, using methods such as time out, quiet time, or clean up duty. Discipline methods such as spanking, hitting, embarrassment, or any other inappropriate methods of discipline will never be used.

I, the undersigned, understand and will comply with the following Champion Day Camp policy.

Name _____

Signature _____

Date _____