

# 2010 Summer Camp Registration Form

A separate form must be completed for each camper. Please return this form and the required medical consent form by or on the first day of camp. Thank you!

Vacation Bible School - July 26- 30

Arts & Crafts Camp - August 2-6

Registration Fee for other Camps, each - \$35.00 per child (\$80 per family per camp, max)

PLEASE PRINT ALL INFORMATION

Child's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Relationship Phone

Emergency Contact \_\_\_\_\_  
Name Relationship Phone

## PERMISSION FOR RELEASE OF CHILD TO NON-PARENT

My son/daughter \_\_\_\_\_ may be released to the following persons:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Signature of Parent or Guardian Date

## PHOTO PERMISSION

I give permission for photos of my child to be used in church publications.  No photos used please.

\_\_\_\_\_  
Signature of Parent or Guardian Date