

## East Cobb UMC Day Camp Registration Form

Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Gender: \_\_\_\_\_ Buddy Preference: \_\_\_\_\_

Parents' name(s) & addresses: \_\_\_\_\_

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Day time phone #/cell phone #: \_\_\_\_\_

Emergency contact information: (other than parents)

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

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

Are you a member of East Cobb United Methodist Church? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, are you interested in receiving information about programs offered at East Cobb United Methodist Church? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Check: Cost is \$150.00 per week for full day weeks, A \$25 non-refundable deposit is required for each week of camp per camper.**

Check	Week	Date	Theme
	1	June 23-27 9 a.m.- 4 p.m.	Wild and Wacky: Super messy fun while learning.
	2	July 7-11 9 a.m.- 4 p.m.	Hands and Feet: We can serve our community too.
	Bonus	July 13-17 6-8:30 p.m.	*Free* Vacation Bible School "Beach Party"

Office USE Only  
Min. deposit per camp is \$25, Balance is due the first day of each camp.  
\_\_\_\_ Amt. Pd.  
\_\_\_\_ Date  
\_\_\_\_ Check #  
\_\_\_\_ Initials

Are there any days of the session that your child will not attend or will be picked up early?  
\_\_\_\_\_

Please indicate if someone other than you will be picking up your child:  
\_\_\_\_\_

Your child will not be released to anyone other than you without written consent from you. I hereby give my permission for my child to participate in all activities of the Day Camp Program. I understand that East Cobb UMC and its day camp program cannot be held responsible for any accident or injury.

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

**Media Release:**

I release the use of my child's image in regards to any publicity, such as print, Internet, videos, multi-media and/or film photography, connected to the events and programs at East Cobb United Methodist Church. By signing below, I comply with this waiver.

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

T-Shirts are included in the camp fee.  
Circle one for Youth T-shirt  
Size: S M  
L XL

**Medical Release Form**

I hereby give permission for any and all medical attention necessary to be administered to my child (name) \_\_\_\_\_ in the event of accident, injury, sickness, etc., under the direction of either of the person(s) designated below, until such time as I may be contacted. If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required subsequent to a determination made by the appropriate health care professional who is present. This release is effective until revoked, in writing, by me. I also hereby assume responsibility for payment of such treatment.

My name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

My address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My insurance company is: \_\_\_\_\_

My insurance policy number is: \_\_\_\_\_

In case I cannot be reached, either of the following is designated:

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

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

My physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Known allergies of child: \_\_\_\_\_

Signature  
(parent): \_\_\_\_\_

Parent's name (print): \_\_\_\_\_ Date: \_\_\_\_\_