



Rising 2nd thru 6th graders!

East Cobb United Methodist Church
2008 Children's Summer Music Camp
June 9th-13th 2008

Registration Form

Child's Name _____ Nickname _____ Age _____

Grade in coming school year (Fall 2008) _____

Parent(s) Name _____ Email _____

Parent Home # _____ Cell # _____

Street Address _____

City/State/ZIP _____

Other Adult(s) authorized in care of child (i.e. pick up, drop off, etc)

Registration for camp is \$75.00.
Make checks payable to
East Cobb United Methodist Church and Music Camp in the *For* or *Memo* line
Mail or return to:
East Cobb UMC
2325 Roswell Road
Marietta, GA 30062

Child's t-shirt size:

_____ Large Child _____ Small Adult _____ Med Adult
_____ Small Youth _____ Med Youth _____ Large Youth

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 & programs at East Cobb UMC. By signing below I comply with this wavier.

Parent/Guardian Signature:

Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Emergency Contacts

Medical Doctor _____ Phone Number _____

Name _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Name _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Medical History

(Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, medications, etc.)

Other Information that leaders should know about the child or adult participant:

Parent/Guardian Signature: _____