

Summer Camp 2011 Registration Form

For Grades 2 through 8**
July 25TH through July 29th

Registration Fee: \$150.00 (If you can't pay the reg fee see Lynn)

Name of Child: _____ Age: _____

Date of Birth: _____

Parents Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Alternative Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Is your child in good health and able to engage in all activities? Yes/No

May your child be given aspirin or Tylenol if needed? Yes/No

Can your child swim well? Yes/No

Does your child have any allergies, chronic illness, asthma, etc.? Yes/No

Comments or special instructions:

I, _____, give my permission in case of an emergency for the adults in charge to secure proper treatment for my child, _____. I consent to treatment for my child under the supervision of and as deemed advisable by a physician licensed under the Medical Practice Act. this provides authority pursuant to Section 25.8 of the California Civil Code.

Date: _____ Signature of Parent: _____

*** High School students interested in attending should see Lynn Miller.*

{ Complete Front & Back Pages of this Form}

T-Shirt Size (choose one):

Child's () Small	Adult's () Small
Child's () Medium	Adult's () Medium
Child's () Large	Adult's () Large
Child's () X-Large	Adult's () X-Large

LIABILITY RELEASE

We, the undersigned Parent(s) or legal guardian(s) for _____, do hereby release, forever discharge and agree to hold harmless Eastside Community Church and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in Summer Camp 2010 on July 25th through July 29th 2011.

Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable).

We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred. Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

Both parents must sign, unless only one parent has legal custody. In such case, please indicate non-custodial parent's name and whether to contact in case of emergency.

Print Child's Name

Father's Signature

Date

Mother's Signature

Date

Insurance Company

Policy Holder

Policy Number

Physician's Name and Phone Number

Non-custodial Parent/Number{Contact? YES/NO}