

Transfiguration



June 26-30

\$60 per person grades 1-5; \$150 maximum per family

SAVE THE DATES

REGISTRATION FOR 2017 SUMMER CAMP

Family Name Child(ren's) Name Gender Age Birthday Grade In Fall

Parent/Guardian Name(s) Cell phones email home phone

Address _____

Other Emergency Contact _____

Insurance Provider _____ Primary Insured _____ Relationship _____ Poli-
cy # _____ Special needs _____

Consent/Waiver Release (Please check boxes)

We may use photographs of my child(ren) for promotional purposes.

My children may participate in activities included for Summer Camp 2017.

My children may ride in any vehicle designated by the adult(s) in whose care this minor has been entrusted which attending and participating in Summer Camp 2017.

I understand the general guidelines of behavior—that my children must respect and obey all instructions of supervising adults and that no illegal substances or misconduct will be tolerated. I will assume all costs of transportation if problems arise and my child must be sent home. No legal or civil actions will be taken against those supervising, the church, or its officers or staff into whose care my children have been entrusted.

If my child is injured, I wish to be notified as soon as possible. In the event I cannot be reached, I consent to whatever medical procedures the doctor or nurse advise or deem necessary. I understand I am responsible for all medical treatment that might be administered.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____