

# 2017 Summer Camp Registration

T-Shirt Size Check One:

Youth XS    Youth S    Youth Med    Youth LG    Adult S    Adult Med    Adult LG    Adult XL

Camper Information      Boy \_\_\_\_\_      Girl \_\_\_\_\_      Camper's Age \_\_\_\_\_

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ School Attended \_\_\_\_\_

Date of Birth \_\_\_\_\_ Church Membership \_\_\_\_\_

## Parent/ Guardian Information

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Guardian's Name (If Applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Information

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions check the ones that apply:    Asthma    Diabetes    Migraines    Frequent Nose Bleeds

Other \_\_\_\_\_  
Please Specify

List Any Special Medications (must be left in the Summer Camp office)

## Emergency Contacts

In the event of an emergency, if you cannot be reached Mt Hebron Summer Camp is released to contact the following persons:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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

Phone \_\_\_\_\_

## Parental Agreement

I understand that each week's fees are due on Monday or the day of the week that the camper attends Summer Camp. Required fees will be paid promptly or campers will not be allowed to continue attending. A \$10.00 late fee per child will be added if not paid on or before Tuesday.

I will not hold Mt Hebron Baptist Church or its representatives liable for accidents or injuries during camp related activities.

I give my permission for my child to attend field trips.

I give permission for my child to be treated medically in case of injury, should I not be able to be contacted.

Signature \_\_\_\_\_