

2022 Summer Camp Registration

Let's Mask Up and Enjoy the Summer

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—We will not administer any medication to children

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 fees are due on Monday. Required fees will be paid promptly or campers will not be allowed to continue attending. A \$20.00 late fee per child will be added if not paid on or before Tuesday@ 5:00.

I will not hold Mt Hebron Church Ministries 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.

I will make sure that my child will have 3 masks at all times at the facility.

Signature _____