

Summer Camp Registration

T-Shirt Size Check One: Youth Small Youth Med Youth LG Adult Small 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)

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 _____