Summer Camp Registration Form for Church

Camp Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Camp Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Information**
Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Age: \_\_\_\_\_\_\_\_\_\_\_
Gender: [ ] Male [ ] Female [ ] Prefer not to say
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

**Parent/Guardian Information**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**
Allergies (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Special Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Physician's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Physician's Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information**

* Does your child have any special needs or accommodations required?
* Please list any activities your child should be restricted from:

**Camp Selection**

* Please select the camp session(s) your child will attend:
[ ] Session 1: Dates \_\_\_\_\_\_\_ [ ] Session 2: Dates \_\_\_\_\_\_\_ [ ] Both Sessions

**Parental Consent**

* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name), hereby give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child's name), to participate in the Church Summer Camp. I understand the risks involved and agree to the terms and conditions of the camp. I authorize the camp staff to act on my behalf in case of an emergency.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information**

* Camp Fee: $\_\_\_\_\_\_\_\_
* Payment Method: [ ] Cash [ ] Check [ ] Credit Card
* Please make checks payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Expiry Date: */*
* CVV: \_\_\_\_\_\_

**Photo Release**

* I consent to the use of photos/videos of my child taken during the camp for church-related publications, websites, or social media.
[ ] Yes [ ] No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit Form**
Please return this completed form along with the payment to the church office by \_\_\_\_\_\_\_\_\_\_ (deadline). For questions or more information, contact us at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (contact info).

Thank You for Registering for Our Church Summer Camp! We Look Forward to a Fun and Blessed Summer!