

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!