

KIDZ CAMP REGISTRATION FORM

Hillcrest Congregational Church UCC Youth Ministries 2017

Child's Name _____

Address _____

(number, street, city, zip code)

Phone _____

School _____ Grade _____ Birthdate _____

Parent/Guardian's Name _____

Cell Phone _____ Email _____

Address _____

(number, street, city, zip code)

Work Phone _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____

Phone _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____

Address _____ Phone _____

Medical Plan _____ Plan Number _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency:

List all conditions (such as **allergies**, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: _____

****Please send your child to camp in closed-toed shoes--laced or buckled. (No sandals) Our pathways are graduated, we will be dancing and moving around, and we want to avoid tripping injuries!**

List any physical restriction or restriction for any activity on the basis of medical condition: _____

State the date of your child's last physical examination: _____

If under age 18, Registering Parent(s)/Guardian(s):

Name(s): _____

Parent Signature(s): _____

Address if different from above: _____

Phone: Day (____) _____ Evening: (____) _____ Cell: (____) _____

Consent Form for Use of Photographs

(For use by parent/guardian of person under 18 years of age)

I hereby give Hillcrest Congregational Church UCC permission to use photographs of my child in any reports and publications, including informational brochures and web site. I understand that Hillcrest Congregational Church UCC is a non-profit organization, and that these photographs will not be used for any commercial purpose. Hillcrest Congregational Church UCC will not publish the full names or addresses of any minor(s) pictured in the photographs provided.

(Name of minor child/children - please print)

Signature

Date

Please print name

Relationship to minor child/children

Consent for KIDZ Camp participants:

I agree to attend the KIDZ Camp closing church service on Sunday, June 30th at 9:30 a.m. with my child (children).

(signature)

Registration fee is \$75 per child; multi camper discounts and Camperships are available.

Please return completed form: USPS mail to Hillcrest Church, 404 Gregory Lane, Pleasant Hill, CA 94523; scan and email to hillcrestucc@att.net; or fax to 925-689-0252 prior to the first day of Kidz Camp.