

SAINT MARK UNITED METHODIST CHURCH
SEEDS OF LIFE SUMMER CAMP
REGISTRATION FORM

Seed of Life
Summer Camp

@SAINT MARK
2009

Parent Name _____

Address _____

City _____ State _____ Zip Code _____

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

Home Church: _____

Children _____ Grade (next fall) _____

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Health Concerns: _____

Emergency Contact:

- | | | |
|----------|-----------|---------------------|
| 1. _____ | _____ | _____ |
| (Name) | (Phone #) | (Relation to child) |
| 2. _____ | _____ | _____ |
| (Name) | (Phone #) | (Relation to child) |

A \$30 non-refundable deposit is required to hold your space in Summer Camp.

I have given permission for my child (ren) to attend Saint Mark United Methodist Church Summer Camp and to participate in all phases of camp activities. I understand that safety precautions will be taken at all times. In the event that an accident does occur, I will not hold Saint Mark United Methodist Church Summer Camp, its employees or volunteers responsible for any accidental injuries. If emergency treatment or advice is considered necessary by SMUMC Summer Camp Staff, I understand that the parent / guardian or emergency contact person will be notified. If they cannot be reached, I authorize SMUMC Summer Camp Staff to arrange any emergency treatment considered necessary. I have listed all known allergies and needed medications. I understand that continuous disruptive behavior may result in my child's expulsion from camp without refund of camp fee. I also grant SMUMC Summer Camp the right to take and utilize photographs of my child participating in camp activities for the purpose of promotion and advertising.

Parent Signature: _____

Date _____