

Registration Form



Summer CAMP 2016

Ignite Camp (4th/5th Grade—Fall '16)

Summer JAM (2nd/3rd Grade—Fall '16)

Student's Name: _____

Date of Birth: _____ Age: _____ Grade (Fall 2016): _____ Male/Female: _____

Address: _____ City/State/Zip: _____

Parent(s)/Guardian(s): _____ Phone 1: _____

Parent's E-Mail: _____ Phone 2: _____

Emergency Contact: _____ EC Phone: _____
(Emergency Contact other than parents or guardians listed)

Please list any allergies or medical needs: _____

T-Shirt Size (circle one): Youth Small Youth Medium Youth Large Youth XLarge
 Adult Small Adult Medium Adult Large Adult XLarge

Behavior Contract

(Child's Name) _____ agrees to conduct him/herself in a manner that would represent Christ in a positive way. In the event the participant does not adhere to the behavior policies designated by the Church or Covenant Cedars Bible Camp, he/she will be asked to leave and it will be up to the parent to pick up the child from the event.

Please list anything that might limit your child from participating in activities (different from allergies and medical needs listed above). If you do not want your child participating in a particular activity, please let that as well.

Child's Signature

Parent's Signature

Date

**Return no later than
June 5th**

Registration Form

Medical Release Form

\$120 Payment (Ignite Camp)

\$50 Payment (Summer JAM)

Make checks payable to Connection

**FIRST CHRISTIAN CHURCH YOUTH MINISTRY
PERMISSION SLIP/MEDICAL RELEASE**

I, _____, give permission for _____ to attend youth group functions sponsored by **Connection Christian Church** for the calendar year **2016**. I acknowledge that these activities may include but are not limited to activities both on or off church property, during day or evening hours, requiring transportation by motorized vehicles and occasionally may involve overnight stays. Participation in church events offers many benefits but I also acknowledge that participation in church sponsored events involves certain risks and hazards of injury and/or property damage. I understand all reasonable safety precautions will be taken by **Connection Christian Church**. I do not hold **Connection Christian Church**, employees, and volunteers liable for any accident, injury or disease incurred by my child. I release and waive any liabilities against **Connection Christian Church**, its employees and volunteers.

I authorize the administration of medical treatment to my child if needed. I assume responsibility for costs that arise from medical treatment that are not covered by my insurance. I understand that in the event medical intervention is needed every attempt will be made to contact the parent or guardian immediately.

I agree if my child is not behaving in a manner consistent with the church regulations on good conduct, is not following event rules or is being disrespectful to adults in charge of the event, that my child may be excluded from participation in any or all church events.

From time-to-time, for promotional purposes, videos and photographs are taken at church sponsored camps and events. Your attendance constitutes permission for Connection Christian Church to use your, or your family members, likeness in promotional materials. By attending a church sponsored event, you are agreeing to this photography/video release.

Youth's Name: _____ Age: _____ DOB: _____

Address: _____ City/State/Zip: _____

Parents/Guardians: _____ Phone: _____

Parent/Guardian E-mail: _____ Alternate Phone: _____

Medical Insurance Provider: _____ Policy #: _____

Emergency Contact: _____ EC Phone: _____

(Emergency Contact other than parent or guardians listed above)

I authorize FCC staff to give my child non-prescription medication as indicated below (circle all that apply):

Aspirin Tylenol Ibuprofen Benadryl Maalox Pepto-Bismol

Please list below anything that might limit your child from participating in activities as well as any allergies, dietary requirements or medical needs including medication that may be needed during activities. If you do not want your child/teen participating in a particular activity (i.e. jumping on trampoline) please list that as well.

Parent/Guardian Signature

Date