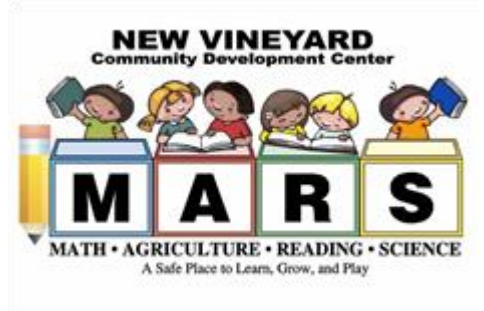


New Vineyard Summer Camp M.A.R.S. 2019
May 28, 2018-August 2, 2018



REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ **First Name:** _____

Gender: Female Male **Age:** _____ **Date of Birth** _____

School: _____

Grade attended year 2018-2019: _____ **T-Shirt Size** _____

Home address: _____

City: _____ **State/Province:** _____ **Postal/Zip Code:** _____

County: _____ **Telephone:** _____ **cell:** _____

Parent email: _____

(Include area code with telephone)

Mother's name: _____ **Father's name:** _____

Mother's day phone: _____ **Father's day phone:** _____

Mother's cell: _____ **Father's cell:** _____

Persons authorized to pick up child:

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Other Dismissal Arrangements _____

Emergency contact*: _____ **Relationship:** _____

Phone Number: _____

Specify any of your child's health problems or allergies: _____

Is your child on any medication? No Yes If so, please specify: _____

By signing this application, I agree to pay the non-refundable \$15 registration fee and the \$60 weekly fee each Monday/ Tuesday.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

Administrative Use Only:

Date of Enrollment: _____ Date of Dismissal: _____

Amount of Deposit paid: \$ _____ First two weeks payment \$ _____ Staff Initials _____

EMERGENCY MEDICAL RELEASE FORM

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem necessary.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

Parent/Guardian Signature: _____ Date: _____

PHOTO CONSENT FORM

____ I grant permission for my son/daughter to be photographed during 2019 Summer Camp. I further agree that these photos (still and moving) may be used in a variety of contexts to spotlight the New Vineyard Community Development Center program, including the church flyers and websites, bulletin boards and newsletter, news releases for community newspapers, and the Evangelist purposes, etc.

____ I don't grant permission for my son/daughter to be photographed during summer camp 2019.

Child's Name _____

Parent/Guardian Signature: _____ Date: _____

LIABILITY RELEASE STATEMENT

Child's Name _____

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, New Vineyard Church and persons of any liability against personal losses of you/your child.

Please read the following statement and sign below.

I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him / her to attend Summer Camp (hereafter the "Event") being organized by New Vineyard Church. I / We understand that there are inherent risks involved in any event, and I / we hereby release New Vineyard Church, its employees, its agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement with the Event. In the event that he / she is injured while attending the Event and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and / or hospital personal refuses to administer without my / our consent, I / we hereby authorize the Program leaders, or another adult leader designated by him / her, to give consent for me / us, and I / we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I / we affirm that the health insurance information provided above is accurate at this date and will, to the best of my / our knowledge, still be in force for the student named above at the time of the Event.

I / We give permission for my child to participate in all Summer Camp activities at New Vineyard Church on May 28, 2018 through August 2, 2018.

Parent/Guardian

Signature _____ Date _____