FULL COUNSEL SUMMER DAY CAMP

CAMPER INFORMATION

Camper 1 Name _____ Sex: Male ____ Female ____

Birth date ____/____/_____ Age___

Entering Grade in Fall _____ School _____

T-shirt size (Circle one) Youth: XS S M L XL Adult: S M L XL

Camper 2 Name _____ Sex: Male ____ Female ____

Birth date ____/____/_____ Age___

Entering Grade in fall _____ School _____

T-shirt size (Circle one) Youth: XS S M L XL Adult: S M L XL

Home Address _____

City _____ Zip _____

Home Phone _____Parent's Email_____

Camper lives with: Mother & Father_____ Mother_____ Father_____ Mother & Stepfather_____
Father & Stepmother _____ Grandparents _____ Foster Parents_____

Other (please specify) _____

GUARDIAN INFORMATION

Name _____Relation _____

Work Phone _____Cell/Alt _____

Employer_____Work hours _____

Name _____Relation _____

Work Phone _____Cell/Alt _____

Employer_____Work hours _____

MEDICAL INFORMATION

In case of an emergency or illness, contact which parent first? Mother ____ Father ____

If parent cannot be reached, please call:

Name_____

Contact Number _____

Relationship _____

Physician _____ *Phone* _____

Please list any allergies, physical conditions, treatments or medications:

_____

_____

Is participant covered by personal/family medical insurance? No _____ Yes _____

If yes, name of insurer: _____Policy or group#:_____

I hereby authorize Full Counsel Ministries and its representatives to administer first aid and seek other emergency medical treatment for my child if deemed necessary, in the event of accident or illness. Authorization is also given to transport my child for emergency treatment.

_____Signature of Parent or Guardian

ENROLLMENT CHECK the space beside each week your child WILL ATTEND Metro Camp:

____ Week 1 June 8-12

____ Week 2 June 15-19

____ Week 3 June 22-26

____ Week 4 June 29—July 3

____ Week 5 July 6-10

____ Week 6 July 13-17

____ Week 7 July 20-24

____ Week 8 July 27-July 31

____ Week 9 August 3-7

In consideration for this application for Day Camp, I understand:

∗ I am to enclose a $35.00 NON-REFUNDABLE Registration Fee.

∗ I will be expected to pay the weekly fee on Monday morning of each of the weeks for which I have contracted.

∗ I hereby waive any and all claims or rights of action against Full Counsel Ministries for damages and/or injuries sustained by my child while participating in Camp activities or transportation.

∗ I am contracting for a total of _____ weeks of camp. I understand that I will be expected to pay for these contracted weeks whether or not my child attends camp.

I have read the entire contract and agree to comply with the terms and conditions stated in it. I agree that I am responsible for all payments due under this contract. I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor)

acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

_____

Signature of Responsible Party DATE