

GFUMC SUMMER CAMP 2010 REGISTRATION FORM

Please complete BOTH sides of this form for each of your campers.

Camper's Full Name: _____ Camper's Date of Birth _____

Grade Completed _____ Mailing Address: _____

Mother's Name: _____ Home #: _____ Cell #: _____

Father's Name: _____ Home #: _____ Cell #: _____

Camp Sessions Requested (check all that apply):

€ Camp I Computer Camp \$20.00 (Wed-Friday, July 14,15,16): 9 to 11 AM
(deadline for registration: July 8, 2010)

€ Camp II Art Camp \$40.00 (Mon-Thurs., July 19-22): 9 to 11 AM
(deadline for registration: July 13, 2010)

PLEASE RETURN REGISTRATION FORM WITH APPROPRIATE FEE. REGISTRATIONS ARE INCOMPLETE UNTIL WE RECEIVE ALL PAPERWORK AND FEES. CAMPS ARE FILLED ON FIRST COME, FIRST SERVED BASIS.

Payment Information:

Member of Gadsden First United Methodist Church? Yes _____ No _____

Check number _____ Amount of Check _____

Remit form and payment to: GFUMC • 115 S. 5th Street • Gadsden, Alabama 35901

PERMISSION AND WAIVER

PARENTS: Please read and initial all statements listed below.

1. I hereby give permission for my child _____ to participate in all activities for the Summer Art Camp Program being held at the GADSDEN FIRST UNITED METHODIST CHURCH. _____ (Initial).
2. I hereby release and hold harmless GFUMC, its staff, its representatives and/or agents from all liabilities and any mishaps that may befall my child _____, including, but not limited to, the activities in the classroom and/or outside the GFUMC. _____ (Initial).

I hereby acknowledge that I have read, understand and agree with all of the above statements that are relative to my child. Signed and dated this the _____ day of _____ 2009.

Parent Signature

Printed Name as Signed Above

HEALTH AND MEDICAL INFORMATION

Child's Name: _____

Date of Birth: _____

Doctor's Name: _____

Doctor's Phone: _____

In case of Emergency, contact: _____ Relationship:

Emergency Phone Numbers: home: _____ cell: _____

Does your child have any health/medical conditions that could affect his/her participation in the GFUMC Summer Art Camp? If yes, please describe below:

Please specify any special needs that your child might have (i.e. Medication, handicap, etc.) while attending the GFUMC Summer Art Camp:

Parent Signature

Printed Name as Signed Above