




SUMMER PROJECT YOUTH

 A Ministry of Fieldstone United Methodist Church

2012 Participant Registration Form

Camper Information

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Gender (Circle One): Male Female Returning Camper? Y N

T Shirt Size: S M L XL XXL

Parent/Guardian Information

Name: _____ Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Information

Our first attempt will be to call the camper's parents/guardians. Emergency contacts listed below must be able to pick up your child in the event of an emergency.

Emergency Contact 1: Name: _____ Relationship to camper: _____

Home phone: _____ Cell Phone: _____ Work Phone _____

Emergency Contact 2: Name: _____ Relationship to camper: _____

Home phone: _____ Cell Phone: _____ Work Phone _____



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Health Information Form

List any specific medical conditions or behavioral problems?

Does your child have any other allergies? (food, hay fever, etc?) Yes No

If so, please list:

Are there any activities in which your child may not participate? Yes No

If so, please list:

Are there conditions or specific needs that require special attention? Yes No

If so, please list:

Will your child be taking medication during camp hours?

If yes, please list below:

Medication: _____ Medication: _____

The information listed on this health information form is correct to the best of my knowledge, and the camper described herein has permission to engage in all prescribed camp activities, except as noted on this form.

I, _____ as parent/guardian, authorize Project SPY camp personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary.

Signature _____ Date _____

Terms and Conditions

1. No camper will be properly enrolled in Project SPY without the following paperwork completed and up to date: camp application, medical form and copy of their insurance card. All information is due by May 1, 2011.
2. I am aware that my child must follow the rules of Project SPY and may be terminated if he or she does not comply.
3. I hereby consent to the taking of photographs, movies, internet use and videotapes of my child at Project SPY or its designated representatives. I also grant the right to edit, use and reuse said products for any and all education, public service, or not for profit purposes and release and all rights, title, an interest we or the child may have in said products. Photocopies and facsimiles of the Release and consent shall have the same legal effect as the original.
 Grant Permission Do NOT Grant Permission Parent/Guardians Initials: _____
4. Project SPY is not responsible for any personal items that are lost, stolen or damaged while attending camp.
5. I consent that in an emergency Project SPY may obtain medical treatment if necessary. I understand that if medical treatment is deemed necessary I will be informed as soon as possible.
6. I have reviewed the application and all the information is accurate and true. I agree to the terms and conditions.

Parent/Guardian Signature

Date

Rules and Regulations

1. I will be respectful to others at all times.
2. I will not use profanity.
3. I understand that my Parent/Guardian may be called to pick me up for continuous disruptive behavior.

Camper's Name: _____

Camper's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____