

MARK'D KIDS DAY CAMP 2020

St. Mark's United Methodist Church
Registration Form
For children entering 2nd grade through graduated 5th grade

Child's Name: _____ Date of birth: _____

I am registering my child for the following days of MKDC: Tues:___Thurs.____

Home Address _____ City _____ Zip _____ Phone _____

School _____ Grade Fall '20 _____

T-shirt size: (circle one) YS, YM, YL, AS, AM, AL, AXL

Mother's Name _____ Employment _____ Cell Phone _____

Father's Name _____ Employment _____ Cell Phone _____

Best way to reach you: _____ Email: _____

Alternate phone numbers (cell, work, etc.) _____

Any special needs (allergies, illnesses, medications, etc.)

How did you hear about MKDC?

In case of emergency, who may we contact if parents are unavailable?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Who has authorization to pick up your child from MKDC (if you cannot come)?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I have received a copy of the Mark's Kids Day Camp Information and Rules. Upon signing I agree to having thoroughly read and understand these policies.

Parent signature _____ Date _____

The following is to be completed by the Children's Minister / Director's Assistant:

Enrollment _____ Medical Consent _____ Fees paid _____

Sibling at MKDC/CDO: yes no Name: _____ Age: _____

St. Mark's United Methodist Church

Permission, Waiver and Release of Liability, Medical Permission

In consideration of being allowed to participate in any way in St. Mark's United Methodist Church (St. Mark's) related events and activities, the undersigned:

1. Agree that the member/participant should inspect the facility and equipment to be used and if the member/participant believes anything is unsafe, he or she should immediately advise a staff leader of such condition and refuse to participate. This includes activities on any of the St. Mark's or other United Methodist Church campuses or any offsite location and any activity such as a party, clinic, rally, festival, picnic, service project, conference, camp, retreat, project, workshop, rehearsals, program, concert, performance or competitions, etc. We understand that off-campus activities involve risks that may be different from and even greater than risks associated with on-campus activities.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Give permission for hospital and medical treatment if necessary.

4. Give permission for St. Mark's to video and/or photograph member/participant while participating in activities and to use said videos and/or photographs in St. Mark's promotional media.

5. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE ASSUMED RESPONSIBILITIES BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name(s) of Parent(s)/Legal Guardian(s) _____

Name of Child _____

Signature of parent/guardian _____ **Date** _____

Address of Family _____

Mom cell: _____ Dad cell: _____

OK to text?: Yes or No

Alternate emergency contact information: Name _____ Phone # _____