

# South Coastal District of the Wesleyan Church



## KIDS' CAMP 2010 STUDENT REGISTRATION FORM

July 27-31, 2010

**COST: \$149 PER STUDENT**

*\$159 after June 15th*

*Student must have completed 2<sup>nd</sup>-6<sup>th</sup> Grade by July 1, 2010 to attend camp.*

### Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Grade Completed by July 1, 2010 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Allergies or other Medical Conditions \_\_\_\_\_

### Parent Information

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

\*Camper Lives With \_\_\_\_\_ *(Both Parents, Mother, Father, Other legal guardian)*

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

Church Attending Camp With \_\_\_\_\_

Who is Authorized to pick up your child? \_\_\_\_\_

# South Coastal District of the Wesleyan Church

## KIDS' CAMP 2010 MINOR'S RELEASE/PERMISSION FORM

*\*Please Read Carefully and Fill Out Completely*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

The undersigned is the parent or legal guardian of the minor named above. The undersigned desires for said Minor to attend and/or participate in ministries, events, programs, functions, and activities (hereinafter referred to as "Activity"), sponsored by, connected with, or related to South Coastal District Children's Ministry, a Wesleyan Denomination not-for-profit organization (Church).

I understand and acknowledge that South Coastal District Children's Ministry will not allow the Minor to participate in any Activity without releasing and holding South Coastal District Children's Ministry harmless from any liability arising out of the Minor's attendance and/or participation in that Activity, including the Minor's transportation to and from Activity, if provided by South Coastal District Children's Ministry.

I have or will investigate all risks involved with the Minor's attendance and/or participation in any Activity, and further as the parent or legal guardian of said Minor assume any and all risks of personal or bodily injury to said Minor or property damages associated with said Activity.

By signing this document, on behalf of myself and the Minor, I hereby release and forever discharge South Coastal District Children's Ministry, its officers, directors and employees, agents and any parties volunteering on behalf of South Coastal District Children's Ministry from all claims, damages, costs or expenses of any kind arising out of or related to the Minor's attendance or participation in any South Coastal District Children's Ministry Activity. I understand that this document is a full complete Release of all claims for personal or bodily injury and property damage which the Minor might sustain as the result of the Minor's attendance and/or participation in any South Coastal District Children's Ministry Activity, regardless of the specific cause thereof, and I further understand that in the event of such personal or bodily injury to the minor, or property damage, that I cannot seek, on behalf of the Minor or myself, any type of recovery reimbursement whatsoever from South Coastal District Children's Ministry or their officers, directors, employees, agents or any parties volunteering on behalf of South Coastal District Children's Ministry.

\_\_\_\_\_  
*Print Name of Parent of Legal Guardian*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

# South Coastal District of the Wesleyan Church

---

## KIDS' CAMP 2010 MEDICAL RELEASE/INSURANCE INFORMATION

*\*Please include a copy of your medical insurance card*

In the event of an apparent or real emergency, in which medical treatment or hospitalization of Minor may be necessary, after effort to contact me at the telephone number above, the undersigned parent or legal guardian does hereby authorize and appoint South Coastal District Children's Ministry, through its agents, to obtain any medical treatment or hospitalization of the above named Minor as they believe necessary and proper for the immediate care and welfare of said Minor.

I do further authorize and direct any medical doctor or hospital to render any and all treatment believed necessary and proper for the immediate care and welfare of the above named Minor and the undersigned agrees to pay for such medical treatment and expenses incurred on behalf of such Minor and shall hold South Coastal District Children's Ministry harmless from any and all liability, claims, judgments and costs incurred in or as a result of any such medical treatment or hospitalization.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

\_\_\_\_\_  
*Print Name of Parent of Legal Guardian*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

---

**ALL REGISTRATION FORMS ARE DUE BY JUNE 15<sup>TH</sup>.**

*Enclose all 3 forms and a \$50 pre-Registration fee*

**Send all Registrations to:**

Tiffany Franklin  
Mentone Community Church  
90 Summerville Rd  
Mentone AL 35984

**FOR ADDITIONAL INFORMATION**

Contact Pastor Lynne Payne, Camp Director

[lynne.payne@firstwesleyan.com](mailto:lynne.payne@firstwesleyan.com)

205-752-4251