

# Pine Ridge Day Camp Registration

## June 26-30, 2017

(One form per child)

Child's name: \_\_\_\_\_

Grade completed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Name of church you attend: \_\_\_\_\_

Emergency contact name and phone: \_\_\_\_\_

Special needs (allergies, medical or other): \_\_\_\_\_

Doctor name and phone number: \_\_\_\_\_

Persons who are authorized to pick up my child: \_\_\_\_\_

**Note: We email and/or text for ALL communication; please include an email and/or cell phone number that you check daily.**

(Child's name) \_\_\_\_\_ has permission to participate in all activities at Day Camp. I will be responsible for my child's behavior in every activity at the camp. In case of accident, he/she may receive medical treatment. (We would make every attempt to contact you before treating your child.)

I give my permission for Pine Ridge Presbyterian Church to use my child's image in promotional materials and publications. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

- Check if you would like before and after child care (8:00-8:30 am and 3:00-5:00 pm) for an additional \$35.** This includes transportation from Pine Ridge to the Heartland location in the morning, and from the Heartland location to Pine Ridge in the afternoon. You will drop off and pick up your child at Pine Ridge each day. We will leave Pine Ridge at 8:30 am each morning. Please pick up your child at 5:00 pm. **Make sure to fill out the Transportation Permission form on the back of this form. This must be completed before we can transport your child.**

Office use only

Amount paid: \_\_\_\_\_ Check No.: \_\_\_\_\_ Date paid: \_\_\_\_\_

# Pine Ridge Presbyterian Church Day Camp Transportation Permission

(only needed if have signed up for before and after care)

## Authorization and Release

Authorization for Transportation, Emergency Medical Treatment and Release of Liability

I, (parents/guardians) \_\_\_\_\_,  
\_\_\_\_\_ hereby authorize a  
representative of Pine Ridge Presbyterian Church to provide transportation to/from  
Heartland Camp for my child, \_\_\_\_\_.

I give consent for medical treatment in the event of illness or injury during this time.

“I/we hereby release Pine Ridge Presbyterian Church, its employees and volunteers for any such treatment provided to my child. I/we further release Pine Ridge Presbyterian Church, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from this church event and trip. In case of emergency, I/we understand that every effort will be made to contact me as a parent or guardian. In the event that I/we cannot be reached, I/we hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, surgery for my child.”

This authorization is effective for the individual named above for the period of June 26, 2017 through June 30, 2017.

\_\_\_\_\_  
Signatures of Parent(s) or Guardian

\_\_\_\_\_  
Date

Phone: \_\_\_\_\_

