



SUMMER CAMP 2018

- JUNIOR HIGH: JULY 9 - 13, 2018, DEADLINE: JUNE 6, 2018
- SENIOR HIGH: JULY 16 - 20, 2018, DEADLINE: JUNE 6, 2018

ONLY ONE CHECK AND ONE FORM PER STUDENT

MAKE CHECKS PAYABLE TO FIRST ASSEMBLY | Please turn in this form and your camp registration form with your payment

****If you HAVE filled out the Yearly Permission Form, please fill in the top portion of this form. You may disregard below the dotted line.**

Name of Child Participant: _____ (PLEASE PRINT)

I have filled out the Yearly Permission Form for the 2018 school year. **(For Jr. and Sr. High students ONLY.)**

I understand by signing this form I am giving permission for the listed student to participate in above described activity/event sponsored by First Assembly.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

****If you have NOT filled out the Yearly Permission Form please fill in the bottom portion of this form.**

Permission & Emergency Release Form

Name of Child Participant: _____ (PLEASE PRINT) Birth Date: _____ (MM/DD/YYYY)

I understand that by signing this form I am giving permission for the listed student to participate in and be transported to the above-described activity/event sponsored by First Assembly. The above described event could involve the risk of damages and risk of bodily injury. By signing this agreement, I, for myself and my successors and assigns, agree to not hold First Assembly, or its employees, volunteers, or agents liable for damages, losses, and injuries to the person or property of the listed student.

First Assembly is not responsible for personal belongings. _____ (Initial)

Inappropriate conduct by the student will result in the student being transported home at the parents' expense. _____ (Initial)

Pictures/Videos: I authorize First Assembly to use my child's likeness in photographs or video in any and all of its publications and other media. I will make no monetary or other claims against First Assembly for the use of such photos or videos. _____ (Initial)

Medical Treatment Authorization

I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury or illness received by said minor. I consent to any x-ray examination, anesthesia, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or surgeon. This authority also extends to any x-ray examination, anesthesia, dental, or surgical diagnosis or treatment and hospital care by a licensed dentist. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I further agree to pay all charges for the dental, medical, or hospital care or treatments rendered to my child. _____ (Initial)

Parent/Guardian Name: _____ Second Parent or Emergency Contact: _____

Parent/Guardian Home #: _____ Second Parent #: _____

Cell #: _____ Second Parent Cell #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medical Insurance: _____ Policy #: _____

Doctor's Name: _____ Dr. Phone #: _____

Please list below any allergies, medical or security concerns: _____

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date