

Faith in Action Mission Day Camp

JUNE 18-22, 2018 ***This is the only date for Faith in Action this year; register early.***

Registration Fee: \$45 (Please make check payable to TSPC. Memo: Faith in Action)

Child's Name _____

Address _____

Birthdate _____ Grade Completed _____ Youth T-Shirt Size (***please circle***): S M L XL

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

Please list all the phone numbers where we can reach parent(s)/guardian(s) in an emergency.

Home _____ Work _____ Cell _____ Other _____

Email _____

Alternate Emergency Contact _____

Relationship to Camper _____ Phone _____

Medical Conditions/Allergies (Medicine/Food/Others)

Health Insurance Carrier (or "none" if uninsured) _____

Insurance Policy Number _____ Policy Member's Name _____

Person(s) Transporting and/or Picking Up Camper _____

I, _____ (parent/guardian) give permission for my child _____
to attend the Faith in Action Mission Day Camp at Tinkling Spring Presbyterian Church on June 18-22, 2018.

- He or she may participate in all activities, including off site travel when it is part of the camp. ***If my child has not yet turned 8 years old by the time of the camp, I will provide a booster seat each day, in accordance with Virginia state law.***
- I hereby release Tinkling Spring Presbyterian Church and any of the adult and youth leadership at the Faith in Action Mission Day Camp from any liability for any injury or problem occurring during participation in this event.
- I give permission for the use of photography including my child to be used for publicity (in print and/or on-line) for the Faith in Action Mission Day Camp. I understand that NO reference will be made by name and NO information or links will be provided that will allow for direct contact by someone with internet access.
- In the event of an emergency, I understand that all reasonable attempts will be made to contact me in the case of an accident involving my child. In the event that I cannot be reached, I hereby give permission for emergency medical care for my child (including hospitalization, ordering injections, anesthesia, and/or surgery).

Signature of Parent/Guardian _____

Date _____

Please contact me- I am willing to provide transportation during the camp.

OFFICE USE

Registration Received: _____

Payment Amount: _____

NOTES: _____
