



# Crossroads UMC 2019 Music Camp Registration Form, June 2-9, 2019 PLEASE PRINT

Child's Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Are you a member of a church?     Yes     No     Regularly Attending Visitor

Name of Church \_\_\_\_\_

Allergies/medical information or other special concerns:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts:

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

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

Names of persons who authorized to pick up child:

\_\_\_\_\_  
\_\_\_\_\_

# Crossroads United Methodist Church 2019 Music Camp Registration Form

## Medical Permission to Treat

In case of injury or illness requiring immediate medical attention, I authorize any of the adults associated with Crossroads UMC's Music Camp to seek or provide appropriate medical attention for my child\_\_\_\_\_.

I authorize any doctor, hospital or medical care institution or practitioner to provide necessary medical care, transportation, or hospitalization to my minor child, upon request of one of the Music Camp adult leaders. I understand that every attempt will be made to contact me before any treatment is provided.

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

\_\_\_\_\_  
Date

## Permission to Photograph

Photographs and occasionally videos are taken of children and adults as they engage in the Summer Music Camp at Crossroads United Methodist Church (CUMC) in June 2019. I understand that these photographs and videotapes may be released to other participants in the Summer Music Camp, as well as be displayed at CUMC, in CUMC promotional materials, scrapbooks, other documents, and on the CUMC website. Absolutely no photos are taken for commercial purposes.

Please sign below to indicate your understanding of our policy regarding use of photos and your decision regarding this policy.

- I **DO** give permission for my child to be photographed for use as described above.
- I **DO NOT** give permission for my child to be photographed for use as described above.

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

\_\_\_\_\_  
Date

There is a **\$50 registration fee per camper (\$40 if paid by May 17), \$25 each additional sibling**. Registration includes t-shirt, snacks, and all activities/games/instruction. Please make your check payable to **CUMC**. Please write "Summer Music Camp" in the memo column. (If you need financial assistance paying the registration fee, please contact the church.)

### For Office Use Only

Amount paid: \$\_\_\_\_\_ Date paid: \_\_\_\_\_ Payment:  Cash  Check #:\_\_\_\_\_

Single camper  Sibling camper