

CAMP INSPIRE

Mt. Moriah M. B. Church
2255 Wrights Mill Road Auburn, AL 36831

Youth Camp Registration Form

PLEASE PRINT

Age:	Grade Entering:	Received By:	Date Received:
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Child's Name: (Last, First, Middle Initial)	Date of Birth:	Gender: Male ___ Female ___
Address:	City, State, Zip Code:	
Name of Parent(s)/Guardian(s):	Telephone Numbers Home: _____ Cell: _____ Work: _____	

To insure the safety of your child please list other adults to whom your child may be released or who are authorized to provide transportation for your child. **PLEASE LIST PHONE NUMBERS. Do not list parent(s)/guardian(s) if they are listed above.**

Name	Relationship	Phone Number

IN CASE OF AN EMERGENCY AND PARENT(S) or GUARDIAN(S) CANNOT BE REACHED:

Name	Relationship to Child	Address	Telephone Number

Name of Child's Doctor	Address	Telephone Number
Name of Medical Insurance	Policy of Group Number	

What illness does your child have? Allergies _____ Asthma _____ Diabetes _____ Epilepsy _____
Heart Trouble _____ Hearing _____ Speech _____ Sight _____

Other: Please explain _____

If yes, please explain: _____

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I give my child permission to join Mt. Moriah MB Church Summer Youth Camp - **CAMP INSPIRE (CI)** and to appear in pictures of **CI** activities to be used for publicity purposes. _____ (Initial)

I give my child permission to participate in activities away from the facility, transportation will be provided by the facility. _____ (Initial)

I understand and agree that my child must be picked up by closing time. _____ (Initial)

I understand and agree that **CI** will not allow for my child to leave the Camp without parent(s) or guardian permission. _____ (Initial)

As parent(s) or guardian of the above child, I approve of his/her involvement with **CI** and agree not to hold the Mt. Moriah MB Church **CI**, its Board of Directors, Officers, Staff or Volunteers responsible and/or liable, and here **RELEASE** them from liability for losses of any personal property and any injuries or accidents suffered by my child while attending **CI** facility. _____ (Initial)

In the event, that I nor the person(s) listed above can be reached in an emergency, I hereby give permission to the physician selected by **CI** to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child. I also understand that it is my responsibility, to provide up to date contact and address information to **CI** at all time. _____ (Initial)

I understand and agree that transportation will not be provided by **CI** for my child from his/her residence to the facility. _____ (Initial)

I understand and agree that my child is required to follow the dress code of **CI**. If my child does not have on appropriate attire or footwear a parent/guardian will be called to pick up the child or bring the appropriate attire or footwear to **CI**. _____ (Initial)

I understand and agree that my child will not bring electronic games or text/play games on cell phone while at camp. If my child has a cell phone while at camp it may only be used for emergency use only. _____ (Initial)

I request that my child be admitted to Mt. Moriah MB Church Summer Youth Camp – **CAMP INSPIRE**, and I will be responsible for **ANY** damage or destruction that his/her actions may incur.

Signature, Parent/Guardian

Date

I agree to abide by **ALL** rules outlined by Mt. Moriah MB Church Summer Youth Camp - **CAMP INSPIRE**, I promise to take care of the building, games, equipment and good name. I will be loyal to the **Camp** and will respect members of the **Camp** and staff at all times. I will be responsible for any equipment destroyed by me.

Signature, Youth Camper

Date