

Mt Cross 2009 Day Camp Registration Form

Camper Name _____

Birth Date _____ Gender _____

Home Address _____

Age _____ Grade (as of 9/09) _____

City _____ State _____

Zip Code _____

Please print clearly in ink and use a separate form for each camper.

Does Camper attend church? _____

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.

If so, where? _____

This form must be filled out by parents/guardians of minors. An update is required annually.

Parent or Guardian Name(s) _____

Phone numbers where you can be reached during the day (please circle best number to call)

Home # _____

Work # _____

Cell # _____

Home Address (if different than camper address) _____

email address _____

Emergency Contact (other than above) _____

Daytime Phone _____ Relationship to Camper _____

Is camper covered by medical/hospital insurance? Yes _____ No _____

If yes, please indicate carrier plan or name _____

Group Number _____

Parent/Guardian Authorization:

I give Mt. Cross Ministries permission to use photography/video of myself/my child taken at Day Camp in the future promotion of Mt. Cross Ministries.

Signature of parent/guardian or adult camper _____

Date _____
