

**Nature Camp 2019 Registration  
Grace Orthodox Presbyterian Church (OPC)**

Name of Parent/Guardian:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

| <u>Name of child(ren)</u> | <u>Gender</u> | <u>Birthday (should be 4-11 years old)</u> |
|---------------------------|---------------|--|
| 1. _____                  | M/F           | mm/yy ___/___                              |
| 2. _____                  | M/F           | mm/yy ___/___                              |
| 3. _____                  | M/F           | mm/yy ___/___                              |

Tell us about any:

Food Allergies (please list) \_\_\_\_\_

Medical/Special Needs (please describe)

Would you like someone to contact you to discuss your child's needs prior to camp? Yes / No

Emergency contact: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
(If you cannot be reached)

As a parent or guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which may be sustained as a result of participation in any and all activities connected with or associated with such program. I do hereby fully release and discharge Grace Orthodox Presbyterian Church and their officers, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my child(ren) may have or which may accrue to me on account of said participant's involvement in this program.

I understand that my child will not be released to anyone other than myself or those listed on the AUTHORIZED RELEASE form, which must be filled out on the first day of camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form with your payment to:

Grace OPC, attn: Nature Camp 200 N. Main St, Elburn, IL 60119 (630) 934-5003