

## Registration Form for 2017 Summer Activities

First Presbyterian Church, Kerrville, Texas

Please fill out both sides and complete a separate form for each child

My child plans to attend:

<input type="checkbox"/>	<b>Mission Kerrville</b>	June 12—15 9:00 a.m. -4:00pm	Rising 2nd-6th Limited enrollment	*This camp includes swimming. No fee
<input type="checkbox"/>	<b>Vacation Bible School</b>	July 10—13 5:30-8:00pm	4 years - Rising 5th Grade	No fee
<input type="checkbox"/>	<b>Art Camp</b>	July 24—28 9:00 am-12:00pm	Rising 1st-6th Grade Limited enrollment	No Fee

Participant Full Name	Nickname (if applicable)
Parent(s) or Guardian(s) Name	Home Phone
Home Address	City/State/Zip
Cell Phone	Work Phone
Date of Birth	Grade for 2017-2018 School Year
Parent Email	Home Church
Emergency Contact 1	Emergency Contact 1 Phone
Emergency Contact 2	Emergency Contact 2 Phone
Participant's Shirt Size	
Describe Your Child's Swimming Abilities:	I would like to be a chaperone and/or provide transportation for one of the activities: <input type="checkbox"/> Yes <input type="checkbox"/> No Which activity can you help with?

The following individuals may pick up my child: (please list name and phone number)

1.	3.
2.	4.

Photo Release Information

- I give First Presbyterian Church of Kerrville permission to use my child's photo in the following publications:
- The local newspaper
  - The church newsletter
  - The church website
- I do not give First Presbyterian Church of Kerrville permission to use my child's photo in any publication.

Parent Signature	Date
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**Please Complete the back side of this form**

First Presbyterian Church  
800 Jefferson Street, Kerrville, Texas 78028  
**Permission, Release and Medical Information Form**

As parent or legal guardian, I give permission for my child to participate in the church's planned summer activities, June 2017 through August 2017. I have been given a schedule of events through the summer, including where the group is going, when they will leave and when they will return. I realize that the children will be transported to and from the church in the church van or in privately owned vehicles as needed. I understand that my child will be properly supervised and all reasonable precautions will be taken to ensure their safety. Only adult advisors/chaperones will be allowed to drive, and everyone will be required to wear seat belts at all times while traveling. Nevertheless, I realize that there are risks inherent in trips such as these, and I agree not to hold First Presbyterian Church, its staff or volunteer advisors/chaperones responsible for any accident that may occur on this trip.

I give permission for medical treatment to be administered should it be necessary for the welfare of my child. I understand that reasonable efforts will be made to reach me by phone before any medical treatment is authorized, but emergency care will be administered without delay.

Insurance Company
Adult Name under which the child is insured
Participant Plan/Group/ID Number
Known Food Allergies
Known Drug Allergies
Current Medications
Medical Conditions

\*Please use the bottom of this form or additional paper to give us information about your child if necessary.

Parent Signature	Date
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