

Camp Friendship Summer Camp Registration

(A Ministry of FUMC Children's Ministry;
not affiliated with our FUMC Preschool)

First United Methodist Church

212 3rd Street North

St. Petersburg, FL 33701

727-894-4661

Ages: Rising 3's to Rising 1st Grade

Check below the session(s) your child will be attending:

Session 1: July 9 – 13 _____ Session 2: July 16 – 20 _____

Time: 9:00am to 1:00pm Monday-Friday

Cost: \$100.00 per child/per session (\$25 reg. fee INCLUDED)

NON-REFUNDABLE DEPOSIT REQUIRED - \$25 PER CHILD/PER SESSION _____

PLEASE MAIL IN BALANCE (\$75.00) and MEDICAL RELEASE FORM

BY Mon., July 2nd TO EXPEDITE CHECK-IN

ALL CHILDREN MUST BE POTTY TRAINED

Child's Name: _____ Grade entering in fall: _____

Name called if different than above: _____ Food allergies: _____

Parent's Name: _____

Address (city and zip): _____

Telephone (home/cell): _____ Child's Birthday (m/y): _____

Email Address: _____

Please list ONE friend attending, your child would like to be placed with _____

Emergency Information (Must be completed for acceptance into program):

Name

Telephone

Relation to Child

Family Rates: 1st child full price; 2nd child \$95; 3rd child \$90- Must be siblings.

PLEASE PACK A LUNCH - We provide snacks

First United Methodist Church of St. Petersburg

Children's/Youth General and Medical Release Form

Expires June 30, 2019

Participant Name _____

Age _____ Date of Birth _____ Grade entering fall 2018 _____

School attending fall 2018 _____

Home Address _____

City _____ State _____ Zip Code _____

Home phone _____ Email _____

Father's name _____ Father's cell number _____

Mother's name _____ Mother's cell number _____

Emergency contact other than mother and father _____

Emergency contact phone number _____

Participant/Parent Responsibility

It is the participants responsibility (parent if participant is a child) to find out all details of church/trip activities, including all Sunday and Wednesday events. Participants (or parents) are responsible for knowing all details of any off-campus trips, including trip location, departure and return times. Please ask for specific details.

I accept these terms. Parent initials _____ Date _____

Liability - Student

I have read and understand this form. I certify that the above named student is my child (or under my legal guardianship) and resides with me. I give my consent to him/her to attend and participate in activities, functions and trips sponsored by First United Methodist Church of St. Petersburg.

I accept these terms. Parent initials _____ Date _____

Medical Authorization

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teachers/staff or volunteers to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given, including taking my child to the hospital for medical evaluation and proper treatment if an accident or serious illness occurs.

I accept these terms. Parent initials _____ Date _____

Liability – Adult

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of injury or illness while your child is on a church related activity or trip. I agree to pay for any medical expensed so incurred. I understand by my signature that this form is both a binding medical and liability release. I agree to release and hold harmless First United Methodist Church of St. Petersburg, their employees, volunteers and chaperones from any and all liability and claims arising from such activities, including any accident or injury to the student.

I accept these terms. Parent initials _____ Date _____

Children's/Youth General Health History

Food Allergies Y/N _____

Drug Allergies Y/N _____

Insect Stings/Bites Y/N _____

If you checked yes to any of the above, please give details and include normal treatment of allergic reactions. _____

Other conditions _____

Please give details and treatments _____

Please list any medications and dosage taken on a regular basis _____

Date of last Tetanus shot _____

Physician name _____ Physician phone _____

Insurance company name _____

Insurance phone number _____

Insured name _____ Employer _____

Policy number _____ Group number _____

I.D. number _____

The above information is complete and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Photo Release Form – 2017/2018

First United Methodist Church, 212 Third St. North, St. Petersburg, FL, 727-894-4661

I give permission for my child, _____,
to be photographed during church activities for publication in print and on the church website and social media sites.

I understand that my child's name will not be used to identify my child. This permission form will be kept on file in the Children's Ministry office. If I would like to withdraw my permission, I may do so at any time.

Parent/Guardian: _____ (printed)

Parent/Guardian: _____ (signature)

Date: _____