

Mad Science Camp Registration form



Half Day - 9am - 1pm

(Rising second grade to rising sixth grade)

First United Methodist Church, 212 3rd Street North

St. Petersburg, FL 33701, 727-894-4661, www:Fumcsp.com

Please check all that your child will attend. One form is all that is needed.

Session 1 - June 10-14 Session 2 - July 29-August 2nd
Eureka, Invention Camp SciencePalooza!

COST: \$125 per child

(\$25 reg. fee included)

Non-refundable deposit of \$25 per child required, which is included in the fee.

Please note: The medical release must be NOTORIZED and submitted the first day of camp. Family Rates: 1st child full price; 2nd child \$115; Must be siblings.

Brown bag lunch and drinks needed each day - We provide snacks and water

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

Food allergies: _____ Parent's Name: _____

Address (city and zip): _____

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

Email Address: _____

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

Name:

1. _____ Telephone _____

2. _____ Telephone _____

APPENDIX VI

First United Methodist Church 212 3rd Street N. St. Petersburg, Florida 33701

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ Grade: ____ Age: ____

Address: _____

Street/Apt Number

City

Zip code

Daytime Phone Number: _____ Evening Phone Number: _____

As the parent (or legal guardian) of: _____

Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for the calendar year____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities:

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations:

Insurance Company: _____ Policy/Group # _____

Signature of Parent or Guardian _____

Notary Stamp/Seal, Date and Signature _____

Photo Release Form – 2019/2020

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: _____