

**URBAN CHRISTIAN MINISTRIES  
REGISTRATION & PERMISSION TO PARTICIPATE FORM**

**SUMMER DAY CAMP**

CHILD'S FULL NAME: \_\_\_\_\_ NICK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ M \_\_\_ F \_\_\_ CHILD'S CELL# \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

HOME# \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

NAME AND AGES OF SIBLINGS

\_\_\_\_\_  
\_\_\_\_\_

CHILD'S SCHOOL & ADDRESS \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

CHURCH CHILD ATTENDS \_\_\_\_\_

CHILD'S INTEREST & HOBBIES \_\_\_\_\_

I, THE LEGAL PARENT/GUARDIAN OF \_\_\_\_\_ GIVE PERMISSION  
FOR HIM/HER TO PARTICIPATE IN THIS PROGRAM AT URBAN CHRISTIAN MINISTRIES.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE & DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE & DATE

**EMERGENCY RELEASE & MEDICAL CONSENT  
(PLEASE PRINT CLEARLY)**

IN THE EVENT OF AN EMERGENCY, I \_\_\_\_\_ GIVE URBAN  
(PARENT/GUARDIAN NAME)

CHRISTIAN MINISTRIES PERMISSION TO SEEK AND/OR ADMINISTER NECESSARY  
MEDICAL ATTENTION & TREATMENT FOR \_\_\_\_\_  
(CHILD'S NAME)

PLEASE STATE ANY MEDICAL PROBLEM/CONDITIONS YOUR CHILD MAY HAVE

DOES YOUR CHILD HAVE ANY ALLERGIES? \_\_\_\_\_ IF YES, PLEASE LIST

DOES YOUR CHILD HAVE ANY HISTORY OF THE FOLLOWING? IF YES, GIVE MONTH &  
YEAR.

MEASLES \_\_\_\_\_ MUMPS \_\_\_\_\_ CHICKEN POX \_\_\_\_\_

HIV/AIDS \_\_\_\_\_ EPILEPSY \_\_\_\_\_ DIABETES \_\_\_\_\_

ASTHMA \_\_\_\_\_ HIGH BLOOD PRESSURE \_\_\_\_\_

FOOD OR MEDICATION ALLERGIES (PLEASE LIST) \_\_\_\_\_

PLEASE LIST CURRENT MEDICATIONS & DOSAGE: \_\_\_\_\_

EMERGENCY CONTACT & NUMBER \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE & DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE & DATE

**LIABILITY RELEASE FORM  
(PLEASE PRINT CLEARLY)**

I/WE HEREBY RELEASE URBAN CHRISTIAN MINISTRIES, ITS' AGENTS AND VOLUNTEER WORKERS FROM ALL DAMAGES, INJURIES, CLAIMS, DEMANDS OR CAUSES OF ACTION I OR ANY FAMILY MEMBER, MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNEES MAY ENCOUNTER DURING THE COURSE OF MY INVOLVEMENT WITH THE ORGANIZATION OF URBAN CHRISTIAN MINISTRIES.

\_\_\_\_\_  
(CHILD'S SIGNATURE)

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT CHILD'S FULL NAME)

\_\_\_\_\_  
(PRINT PARENT/GUARDIAN FULL NAME)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(RELATIONSHIP TO CHILD)

\_\_\_\_\_  
(DATE)