

# Son Seekers Summer Camp

## Registration Form

For Staff Use Only

Amount paid \_\_\_\_\_

Allergies \_\_\_\_\_

Child's Name \_\_\_\_\_

Gender: M F

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade for '20 – '21 school year \_\_\_\_\_

Please circle your child's T-Shirt size: **Childs** XS S M L **OR** **Adult** S M L

If there is a friend (no more than 1 year above or below) also attending the camp that your child would like to be in the same group with, please put their name here: \_\_\_\_\_

Parent/Guardian 1) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian 2) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

List of other adults allowed to pick-up or drop-off your child:

Name \_\_\_\_\_ phone number \_\_\_\_\_

Name \_\_\_\_\_ phone number \_\_\_\_\_

Name \_\_\_\_\_ phone number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I grant permission to the director, assistants or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation of medical problems. I understand that should a major medical problem arise an attempt will be made to notify me by telephone. If I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse). I also grant permission for Oak Hills Church, to use photos of my child(ren) taken during the week of camp, June 22-26, 2020.

I, (print name) \_\_\_\_\_ declare that I am the Legal Guardian of above-named minor.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to: **Oak Hills Church**

Mail both the check and this registration form to: Oak Hills Church (Summer Camp)  
2800 N.W. 153<sup>rd</sup> Ave., Beaverton, OR 97006.

Please do not send cash. There is a \$20 fee for any returned checks. Tuition is refundable, minus a \$10 administrative fee, prior to June 1. Scholarships are available upon request. Please contact us if you would like information on using our scholarship program. **NOTE:** Your deposited check is evidence of registration.