

LUMC SUMMER CAMPS

2018 Preschool registration

(Infant through entering Kinder)

Child's Name _____ Date of Birth & Age _____

Sex: F M Entering Kindergarten Y / N Tshirt size CXS CS CM CL CXL

Parent/Guardian _____

Address _____

City _____ State ____ Zip _____

Home phone _____ Cell phone _____

Email (this is how we send reminders for camps) _____

Emergency contact name and number _____

Is your child on medication? ____ Will child be on medication during summer also? ____

Special needs/Allergies _____

Does your child carry an EPIPEN? _____

Please list the names of those who will be allowed to pick up this child (other than a parent):

Medical Release, Publicity & Pick-up Person Authorization:

Effective immediately, I assume all risk and hazards and do hereby release and agree to hold harmless Lakewood United Methodist Church (the church) and its servants, volunteers, agents, and employees from all liability for personal injury or property damage for all actions taken in good faith during the church activities. In the event I cannot be reached or cannot communicate in an emergency, I hereby give my permission to the physician, hospital, or medical service selected by the leaders of the church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child or myself as named above. It is understood that a conscientious effort will be made to communicate with me or the emergency contact listed before any action is taken. I accept responsibility for any and all expenses incurred from medical treatments provided. I have read this release and understand its terms and execute it voluntarily and with full knowledge of its significance. I also give permission for my child to be picked up by the persons listed above (other than parent). I give permission for my child's photo to be used in LUMC publications if needed.

Parent/Guardian Signature _____ Date _____

Registration must be made in person in A201. All camp checks are to be made payable to **LUMC**. Payment must be made at the time of registration. Telephone or email registration will not be accepted. Registration for each camp is limited and available on a first-come, first-serve basis. Class spaces cannot be held or reserved. Refunds(less a \$5 processing fee per camp) are available if requested via email only, no less than 14 days prior to camp start date. For questions, please contact 281-370-2273 or children@lakewoodumc.org.

