

## **HAYM Helping Hamilton Registration**

**Registration forms can be found online at [orcministries.org](http://orcministries.org)**

**July 9-12, 2018 at The Hall 6:15pm – 8:15pm**

**HAYM Helping Hamilton is for upcoming 6<sup>th</sup> graders through outgoing 8<sup>th</sup> graders**

Pre-registration is appreciated. Please return this form to the information table at ORC or mail it to Overisel Reformed Church, 4706 142nd Avenue, Holland, MI 49423. Registration forms may also be returned when your student attends HAYM Helping Hamilton. Any questions, contact Ty at [ty@orcministries.org](mailto:ty@orcministries.org) or call/text 616-218-0109

Child's name \_\_\_\_\_ Grade entering \_\_\_\_\_ Age \_\_\_\_\_

\*Please list any food allergies or medical conditions that we should be aware of.

Child's name \_\_\_\_\_ Grade entering \_\_\_\_\_ Age \_\_\_\_\_

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Child's name \_\_\_\_\_ Grade entering \_\_\_\_\_ Age \_\_\_\_\_

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Child's name \_\_\_\_\_ Grade entering \_\_\_\_\_ Age \_\_\_\_\_

\*Please list any food allergies or medical conditions that we should be aware of.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Parents' names \_\_\_\_\_

Email \_\_\_\_\_

Home Church \_\_\_\_\_

### **Emergency Contact (other than parent)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

### **Consent and Release Form**

I give permission for my child(ren), named above, to participate in HAYM Helping Hamilton at Overisel Reformed Church.

I authorize the use of photographs of my child(ren) for publication in videos, websites, or brochures about HAYM Helping Hamilton.

I assume all risk of personal injury, sickness, damage, and/or expenses because of participation in HAYM Helping Hamilton activities.

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