

**DayStars Creative & Performing Arts Day Camp
Wells United Methodist Church
July 8-19, 2019**

Office Use Only	
Date Received	_____
Payment Amount	\$_____
Check Number	_____

Registration Form

Registration is open to students on a first come, first served basis

Registration deadline is June 1, 2019; a late registration fee of \$25 will be assessed thereafter

Open to children entering 2nd-9th grade in August 2019

Name: _____ **Gender (M/F):** _____

Age: _____ **Grade (Aug. 2019):** _____ **Birth date:** _____/_____/_____

Parent/Guardian Name(s): _____

Mailing Address: _____

E-mail(s): _____

Cell Phone #1: _____ **Cell Phone#2:** _____

Work Phone: _____ **Other Phone:** _____

Emergency Contact Name and Phone: _____

Known Allergies: _____

Special Dietary Needs or Restrictions: _____

Medications Taken: _____

Who has permission to pick up your child from camp? (Please include **all** names, including parents/guardians. We will not release a child to anyone who is not listed on this form.)

How did you hear about DayStars? _____

Payment Method

Check all that apply:

- | | |
|--|----------|
| <input type="checkbox"/> DayStars Camp (9:00a.m. – 3:00p.m.) | \$300.00 |
| <input type="checkbox"/> Late Fee (if registering after 06/01/19) | \$25.00 |

Total Payment Due: \$_____

I want to support **DayStars Scholarship Fund** with a tax-deductible donation of \$_____ to help those students who, without financial aid, would be unable to participate in **Wells UMC DayStars** programs.

**Send Payment and Registration Form to:
Wells UMC c/o DayStars Registrar
2019 Bailey Avenue • Jackson, MS 39213**

Liability Waiver, Image Release, and Acknowledgement of Responsibility

Medical Release

I hereby consent for my child, _____, to be treated by a qualified physician or nurse if the occasion occurs. I also give my consent for him/her to be admitted to the hospital if necessary and that I should be notified as quickly as possible. I further consent to allow my child to participate in all games and activities unless I notify DayStars staff in writing. I also recognize that there are some inherent risks from physical activity in any sport, game, or outdoor activity.

The undersigned releases and discharges DayStars Camp, Wells United Methodist Church, and any other person connected there with from all claims or damages whatsoever that they have arriving from participation in a DayStars sponsored activity.

Guardian's Initials: _____

Photo and Publicity Release

I hereby give my permission for DayStars to use my child's photographic image, voice recording, videotaped image, and/or art created, in whole or in part, for camp-specific public information and for marketing activities at the discretion of DayStars. I understand that all photography and video recordings remain the property of DayStars.

Guardian's Initials: _____

Cancellation Policy

Once the student is on site, refunds will not be made if the student chooses to withdraw early or is expelled for disciplinary reasons.

One month prior to camp start date, you will receive a full refund. Two weeks prior to camp start date, you will receive a 50% refund. Ten days prior to camp, no refund will be issued.

Guardian's Initials: _____

By signing below, I acknowledge to and agree to the items contained above in the Medical Release, Photo and Publicity Release, and Cancellation Policy.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____

Date: ____/____/____

Snacks and Lunch

A mid-morning and afternoon snack and lunch are provided to all students in the basic camp cost. All children have the option to bring their own lunch from home each day, however the choice to do so will not change the cost of camp. It is the parent/guardian's responsibility to notify camp staff of any food allergy or sensitivity their child has prior to the start of camp.

Camper's T-shirt size

Select One

- Youth small
- Youth medium
- Youth large
- Adult small
- Adult medium
- Adult large
- Adult x-large
- Adult xx-large