



Cross Trails Ministry Day Camp Registration Form

One per child, please! Please print.

Name _____ Male/Female _____

Preferred Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name(s) _____

Email _____

Home Phone (_____) _____ Work Phone (_____) _____

Emergency Contact _____ Phone (_____) _____

Physician _____ Phone (_____) _____

Insurance Carrier _____ Group/Policy Number _____

Grade in school 2015-16 _____ T-shirt size (circle one) 6-8 10-12 14-16

Home Church _____ City _____

Special interests or hobbies: _____

Any restrictions to physical activities _____

Any allergic reactions (food, drugs, insects, etc.) _____

List any people and their phone numbers who may pick up your child at Day Camp _____

EMERGENCY RELEASE

I will not hold Cross Trails Ministry, its staff, or the congregational volunteers responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give Cross Trails Ministry permission to use any photograph/video of me or my child, taken at Day Camp, in future promotional materials for its sites and programs.

Parent/Guardian Signature

Date

Office Use Only

Family Group _____

Date Paid _____