

2009 GateWay Mega Summer Camp Registration

Please check date(s) and times of camp for which you are registering: Cost is \$40 for half-day and \$60 for full-day each week

JUNE 15-19 AM JUNE 22-26 AM JULY 6-10 AM JULY 13-17 AM

JUNE 15-19 PM JUNE 22-26 PM JULY 6-10 PM JULY 13-17 PM

CAMPER INFORMATION

NAME: _____

B-DAY: ____/____/____ AGE: ____ SEX: ____ ENTERING GRADE: _____

T-SHIRT SIZE: Youth XS S M L Adult S M L XL

ADDRESS: _____

CITY/ST/ZIP: _____

SIBLINGS ATTENDING CAMP: _____

PHOTO PERMISSION (*Parent please initial*): I hereby give my consent for my child to be photographed or video taped by GateWay Church of Clermont for purposes of advertising and/or public display. _____

OPTIONAL EXTRAS

(Please check information sheet to see which camp your child is attending and select corresponding theme shirt.)

Extra Shirts Game Plan _____ x \$6

Extra Shirts Undefeated _____ x \$6

Shin Guards \$6

TOTAL \$ _____

PARENT/GUARDIAN INFORMATION

NAME: _____ HOME PHONE: _____

CELL PHONE: _____ EMAIL: _____

SECOND GUARDIAN: _____ PHONE: _____

AUTHORIZED CHILD PICK-UP & ALTERNATE EMERGENCY CONTACTS

NAME: _____ RELATIONSHIP TO CAMPER: _____ CONTACT NUMBER: _____

1. _____

2. _____

3. _____

MEDICAL INFORMATION

Please check if child has ever been treated for any of the following: HEART DISEASE SEIZURES HIGH BLOOD PRESSURE

DIABETES ASTHMA BRONCHITIS ALLERGIES (LIST): _____

ADDITIONAL INFO _____

DATE OF LAST TETNUS BOOSTER: _____

PHYSICAL IMPAIRMENTS/LIMITATIONS: _____

MEDICATIONS BEING TAKEN: _____

FAMILY PHYSICIAN: _____ PHONE NUMBER: _____

INSURANCE COMPANY: _____ POLICY HOLDER: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

MEDICAL CONSENT AND LIABILITY RELEASE

In the event my child sustains an injury or illness requiring immediate medical attention, while attending GateWay Church Mega Summer Camp, I hereby authorize a representative of GateWay Church of Clermont to transport my child to the nearest medical emergency facility to obtain the emergency medical treatment necessary. Further, I hereby authorize hospitalization, anesthesia, emergency surgery and/or injection of medication as deemed necessary by a physician.

I recognize and acknowledge that there are certain risks of physical injury to participants involved in these summer programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in these programs/activities against GateWay Church of Clermont, Inc., including its officials, agents, volunteers, and employees. I do hereby fully release and forever discharge GateWay Church of Clermont, Inc. from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these summer programs/activities.

SIGNATURE OF PARENT/GUARDIAN

DATE

Please return this form with payment of either cash or check (made out to GateWay Church and earmarked Summer Camp).

There will be a \$25 fee for returned checks. Mail to P.O. Box 121081, Clermont, FL 34712, care of Mega Summer Camps.