

DAY CAMP @ CAMPCAROLWOOD
Registration 2011

Camper's Name (First, Middle, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Mom: (day) (____) _____ (cell) (____) _____

Phone Dad: (day) (____) _____ (cell) (____) _____

Parent's Email: _____

Birth date of Camper: _____ Age: _____ Gender: _____

School Grade Fall, 2011: _____

T-Shirt Size (Circle): Youth/ Adult (Circle): Sm / Med / Lg / XL / XXL

Church Name: _____

Church City, State: _____

UMC District (If Applicable): _____

Camp Cost: \$ 105 before May 1; \$135 after May 2

REQUIRED: Camp Payment in Full: \$ _____ (Due with registration)

*Space limited to first 25 campers.

(*Make checks payable to First United Methodist Church of Newton)

I have read, understand and agree to abide by the policy information and grant permission to use photographs and/or video recordings in which campers appears for future promotions of Camp Carolwood or First United Methodist Church of Newton; to release medical records to Camp Director or Church Designee if above camper needs medical treatment.

Parent/Guardian #1 (please print)

Parent/Guardian #2 (please print)

Signature of Parent/Guardian

Date

Signature of Camper

Date

Please supply both parent names. Only one parent signature and camper signature required. Thanks!

For Registration to be complete, please include:

This Registration form ____; Deposit/Payment ____; HIPPA form ____; Health History Form ____;

Copy of Insurance Card ____