

Registration Fee \$30 per child. Tuition \$50 per week per child.

**SUMMER DAY CAMP**

*First John Church*

**Medical/Permission/Release Form**

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ T-Shirt Sz. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
IN EMERGENCY NOTIFY: \_\_\_\_\_ PHONE \_\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
MEDICAL INSURER \_\_\_\_\_ POLICY # \_\_\_\_\_  
IMMUNIZATIONS: \_\_\_TETANUS \_\_\_POLIO BOOSTER \_\_\_MEASLES \_\_\_MUMPS  
OTHER: \_\_\_\_\_

**MEDICAL HISTORY**

(Check box to give appropriate information.)

\_\_\_Asthma \_\_\_Sinusitis \_\_\_Bronchitis \_\_\_Kidney Trouble \_\_\_Diabetes  
\_\_\_Heart trouble \_\_\_Dizziness \_\_\_Stomach upset \_\_\_Hay fever \_\_\_Other  
(List Other) \_\_\_\_\_

ALLERGIES: Food \_\_\_\_\_  
Penicillin or other drug (name) \_\_\_\_\_  
Insect stings/bites \_\_\_\_\_  
Poison sumac, oak, or ivy \_\_\_\_\_  
Previous surgery or serious illnesses \_\_\_\_\_

Any current medications (list): \_\_\_\_\_  
Special diet (name): \_\_\_\_\_  
Childhood diseases: \_\_\_Chickenpox \_\_\_Measles \_\_\_Mumps \_\_\_Whooping Cough  
Other (list): \_\_\_\_\_

**CUSTODY AUTHORIZATION**

Children will be released only to those who are authorized in writing by parents/legal guardians to provide pick-up service.

_____ Person Authorized to Pick Up	_____ Driver's License Number	_____ Cell Number
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_____ Person Authorized to Pick Up	_____ Driver's License Number	_____ Cell Number

**AFTER HOURS CARE**

The parent pick-up time is 4:00 PM sharp. Any child who has not been picked up by 4:30 PM will be placed in After Hours Care. After Hours Care is \$3.00 per day and is available until 6:00 PM. After 6:00 PM, the child care rate (in addition to the \$3.00 After Hours fee) is \$10.00 for each additional 30 minutes.

I agree and accept. **Initial** \_\_\_\_\_

**EXCELLENT ATTENDANCE AGREEMENT**

Space is limited; therefore, we must ensure our enrollment space is given to the children who will be attending consistently. By enrolling your child in the Summer Day Camp program, you agree to have your child here every day, on time, all three weeks.

I agree and accept. **Initial** \_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT AND RELEASE FORM**

My permission is granted for First John Church, including its chaperones and staff in charge to obtain necessary medical attention in case of sickness or injury to my child. I understand this is also an authorization for blood transfusions if deemed necessary by proper medical authorities.

I am the parent or guardian of \_\_\_\_\_ (Child). My Child is fit for the event, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE CONTRACT.** In consideration of allowing my Child to participate, I consent to the contract and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** my heirs, legal representatives, and assignees. **I HEREBY FOREVER RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my Child because of my Child's participation in the First John Church Summer Day Camp, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or others. **I PROMISE NOT TO SUE RELEASEES** on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the above named event.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

**ALL PAYMENTS MUST BE MADE IN ADVANCE.  
FORM CANNOT BE ACCEPTED WITHOUT PAYMENT.**

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OFFICE USE ONLY BELOW THIS LINE  
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**Payment Record**

T-Shirt Issued

Registration Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_  
Week One \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_  
Week Two \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_  
Week Three \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_

**Processed By:** Initials \_\_\_\_\_