

SUMMER CAMP REGISTRATION FORM

Participant's Name: _____ Age: _____ Grade Completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Food Allergies: _____

T-Shirt Size (Circle One): YS YM YL AS AM AL

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone(s): _____

PARENT CONSENT/RELEASE FORM

PERMISSION and RELEASE: the undersigned hereby waives, releases and forever discharges MRCA SUMMER CAMPS, Mitchell Road Christian Academy (MRCA), Mitchell Road Presbyterian Church (MRPC), their agents, including coaches, employees, administrators, volunteers, and parents participating in any camp sponsored activity: From any and all liability for any mishap or injury to the student named herein. From and injury or damage which may be sustained or occur during participation in any MRCA Summer Camp activities or while at the camp, and from any loss, destruction, or damage to any personal property.

MEDICAL RELEASE: In the event my child suffers a sudden illness, accident or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Family Physician: _____

Phone Number: _____

Family Dentist: _____

Phone Number: _____

Medical Insurance Company: _____

Policy #: _____ Group #: _____

PARENT/GUARDIAN SIGNATURE

DATE