



# St. John's UMC Mission Possible

## Camp

June 25th–29th, 2018

9:00am-12:30pm

*"Jesus said to them, 'with man this is impossible, but with God, all things are possible.'"*

~Matthew 19:26

St. John's UMC  
311 E. University Ave.  
Georgetown, TX, 78626  
(512) 863-5886  
[www.stjohnsumc.cc](http://www.stjohnsumc.cc)

*One Form per Child. Please fill out front and back:*

Fee: \$40

Children ages: 4-year-old through completed 5th grade

### **Registrant:**

Name: \_\_\_\_\_ (goes by) \_\_\_\_\_

Gender: \_\_\_\_\_ Age (as of June, 2018) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade (completed): \_\_\_\_\_ T-Shirt Size: 6-8\_\_ 10-12\_\_ 14-16\_\_ AS\_\_ AM\_\_ AL\_\_ AXL\_\_

### **Parent(s)/Guardian(s):**

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Emergency Contact: (if above cannot be reached)

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

# Registrant's Medical Information

Allergies and Medical Conditions: \_\_\_\_\_

*\*\*\*If your camper has food allergies we encourage you to send a snack with them\*\*\**

Date of last know tetanus booster: \_\_\_\_\_ Activity Restrictions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication(s) child will take at camp: \_\_\_\_\_

*\*\*\* All Medication must come in original container with child's name and dosage instructions printed clearly on label. Please include instructions from the registrant's doctor or parent/guardian.\*\*\**

## Registration Fee (check one)

The full balance is included.

My child will need a partial scholarship. Partial fee is included.

My child will need a full scholarship to attend this camp.

(Initial: \_\_\_\_\_) **Consent for Medical Treatment:** As the legal parent/guardian of the minor registrant, I request the registrant be admitted to any hospital or medical facility for emergency diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispense of any specimen or tissue taken from the registrant.

(Initial: \_\_\_\_\_) **Release of Liability:** I, the legal parent/guardian of the minor registrant, recognizing the possibility of physical injury associated with the registrant's participating in camp, and in consideration for St. John's United Methodist Church accepting the registrant for its programs and activities, hereby release, discharge, and/or otherwise indemnify St. John's United Methodist Church, its affiliated organizations and sponsors, their employees, volunteers, and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation.

(Initial: \_\_\_\_\_) **Media Release:** I, the legal parent/guardian of the minor registrant, hereby grant permission to St. John's United Methodist Church staff and volunteers to film and/or photograph my child during church activities in which they participate. I grant permission for these images to be used in church publicity and media. I understand my child will not be identified by name on the website. I, the legal parent/guardian of the registrant, certify that I have read and understand this application, the camp brochure, and the specific requirements imposed for each camp on the registrant. Further, I understand that St. John's may impose additional requirements and rules on camp participants.

Name (please print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



ST. JOHN'S  
UNITED METHODIST CHURCH