



St. John's Summer Musical Camp

July 24-29, 2017

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

One Child Per Form. Please fill out front and back:

St. John's Summer Musical:

- Elementary Section: *Let's Rock!*** **Fee: \$50**
 Performance: July 29th, 6:00 pm.
 Pre-Camp Music Exploration Nights (Attendees must attend at least two (2) nights, and snacks will be provided): July 12, 13, 19, and 20th from 6-7:30 pm.
- Preschool Section: *David and the Giant*** **Fee: \$35**
 Performance: July 29th, 6:00 pm.

Registrant:

Name: _____ (goes by _____)
 Gender: _____ Age (as of July, 2017) _____ Date of Birth: _____
 Grade (going into): _____ T-Shirt Size: 6-8__ 10-12__ 14-16__ AS__ AM__ AL__ AXL__
 My child is interested in a speaking part: (Yes / No) My child is interested in a solo: (Yes / No)

Parent(s)/Guardian(s)

Name(s): _____
 Place(s) of Employment: _____
 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