

# 2019 Community Character Camp Registration

Return this completed form to the church office, or bring it to the first day of camp.

Mulford Evangelical Free Church

2400 Hershey Avenue

Muscataine, IA 52761

mulford@machlink.com

**PLEASE PRINT**

## PARENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone number where parent can be reached during camp hours \_\_\_\_\_

Alternate person to contact \_\_\_\_\_ phone \_\_\_\_\_

**Yes No** Permission is granted to photograph/video tape and release images.

## FAMILY INFORMATION

Address (primary residence of child/children) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

## INDIVIDUAL CHILD INFORMATION

<b>Child 1</b>	First Name _____ Last Name _____ School grade entering this fall _____ Medications, specific medical allergies and/or special conditions: _____ _____ Circle Tee Shirt Size Child S: 6-7 Child M: 10-12 Child L: 14-16 Adult: S M L XL XXL
<b>Child 2</b>	First Name _____ Last Name _____ School grade entering this fall _____ Medications, specific medical allergies and/or special conditions: _____ _____ Circle Tee Shirt Size Child S: 6-7 Child M: 10-12 Child L: 14-16 Adult: S M L XL XXL
<b>Child 3</b>	First Name _____ Last Name _____ School grade entering this fall _____ Medications, specific medical allergies and/or special conditions: _____ _____ Circle Tee Shirt Size Child S: 6-7 Child M: 10-12 Child L: 14-16 Adult: S M L XL XXL

## Medical Authorization

I give my permission for any necessary emergency treatment to my child by a licensed medical doctor if in the opinion of the attending physician a delay in treatment may endanger his or her life; or cause disfigurement, physical impairment, or undue discomfort. This authority is granted only after a reasonable effort has been made to reach me by phone at the number provided. The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church from any liability. I release Mulford Evangelical Free Church and their volunteer and employee staff from any liability associated with any unforeseen accidents that may occur during Community Character Camp.

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_