



CHRISTMAS DAY CAMP

Please complete and return this form with registration fee of \$5 per child
Make checks payable to: Brockport Free Methodist Church

DAY CAMP FAMILY REGISTRATION

CHILD'S NAME _____ GRADE _____

CHILD'S NAME _____ GRADE _____

CHILD'S NAME _____ GRADE _____

ADDRESS _____

PARENTS NAME _____

PHONE _____ PARENT EMAIL _____

MY CHILD IS ALLERGIC TO: _____

Medications my child takes: _____

Parental Consents:

In the event of an emergency, you have my permission to seek emergency medical/dental care for my child(ren) while he/she attends Christmas Day Camp at BFMC.

Parent Signature: _____ Date: _____

I give my permission for my child(ren)'s picture to be taken during Christmas Day Camp and to be used in publicity about BFMC.

Parent Signature: _____ Date: _____

I am a parent or legal guardian of a minor(s) participating in an activity sponsored by Brockport Free Methodist Church. I hereby agree to indemnify and hold harmless BFMC in the event of injury of my child(ren). I understand that this means I will pay all fees, cost and charges incurred by BFMC including attorney fees.

Parent Signature: _____ Date: _____

REGISTRATION FEE: \$5.00/child _____ PAID