

Music Camp Registration
Completed Kindergarten through completed Sixth Grade
July 25 – 29, 2011, 9am to Noon

Child's name _____

Address _____

Parent/Guardian name _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Child's birth date _____ Age as of 10/1/10 _____

Grade **completed** ___K ___1 ___2 ___3 ___4 ___5 ___6

Emergency contact name _____

Emergency contact phone _____

Who may pick up your child at the end of the day? _____

Do you attend Sunday School? If so, where? _____

If you are visiting our church, who are you a guest of? _____

I give permission for my child to receive first aid and/or emergency treatment if needed. I will assume responsibility for any hospital or other expense that my child needs.

Child's medical needs, including allergies _____

Preferred hospital in case of emergency _____

Insurance company/policy number _____

Signature _____ **Date** _____

Image Release

____ I GIVE my permission for still or moving images of the above-named child to be used by the church for promotional purposes in printed and/or electronic media.

____ I DO NOT GIVE my permission for still or moving images of the above-named child to be used by the church for promotional purposes in printed and/or electronic media.

Signature _____ **Date** _____

Release of Liability

I understand that participating in programs, recreation, and other activities at FBC Kenner is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risk to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church or its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family may have against the church or its minister, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Signature _____ **Date** _____