

# Summer Camp Registration Form

Sun Valley Community Church Merge 5/6  
Consent to Treat and Transport Form June 28 -July 2, 2010

## Students Information:

Name: \_\_\_\_\_

Grade (Fall '10): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F

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

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

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

Email: \_\_\_\_\_

## Parent/Guardian Information:

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

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

Email: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

## Room Mate Request:

We try to ensure your child is with at least one of their requested room mates.

1. \_\_\_\_\_

2. \_\_\_\_\_

Students Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

ALL medications must be given to the nurse at time of check-in. Please make sure medications are in original containers with clear dosage information.

I give my permission for my child to be transported in a vehicle driven by an adult representative (staff or volunteer) of SVCC or one hired by the church to transport my child.

I authorize a staff member or adult representative of SVCC to obtain for my child all medical care necessary for my child's health and welfare to include emergency treatment during the dates of June 28, 2010 to July 2, 2010 and to do so without having to wait until I have been contacted. SVCC leaders will make every reasonable effort to first reach me prior to any medical care, other than emergency treatment, being given to my child. I consent to x-rays, examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care. I further understand that I will be held liable for the expense of that treatment. I agree to hold harmless and release from liability or suit for damage SVCC and any of its agents, employees and or volunteers for any injuries to my child arising out of any medical care needed or received by my child.

I also authorize, in advance, the SVCC leaders to give my child Tylenol™ (or similar pain medication) if, in the opinion of the adult leaders of the activity, my child is in need of such over-the-counter medication.  
(Strike out this paragraph and initial if not so authorized.)

DISCIPLINARY RELEASE: I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary. I also understand that I will receive no refund of fees.

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

\_\_\_\_\_  
Date

