

# Registration Form

Mt. Cross Day Camp 2008

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Camper Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Age \_\_\_\_\_ Grade (as of 9/08) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Please print clearly in ink and use a separate form for each camper.

Does the camper attend church? \_\_\_\_\_

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.

If so, where? \_\_\_\_\_

This form must be filled out by parents/guardians of minors or by adults themselves. An update is required annually.

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Parent or Guardian's Name(s) \_\_\_\_\_

Phone numbers where you can be reached during the day (please circle best number to call)

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Home Address (if different than camper address) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact (other than above) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Is the camper covered by a family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate carrier plan or name \_\_\_\_\_

Group Number \_\_\_\_\_

## Parent/Guardian Authorization:

I give Mt. Cross Ministries permission to use photography/video of myself/my child taken at Day Camp in the future promotion of Mt. Cross Ministries.

Signature of parent/guardian or adult camper \_\_\_\_\_ Date \_\_\_\_\_

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