



Grow in Faith. Have Fun. Change the World.

Day Camp Registration Form July 2-6, 2012

Please mail forms and checks to: Cal-Pac Camps, Attn: Debbie Tallant, PO Box 328, Arroyo Grande, Ca. 93421

(Circle One) Youth: **Y-Sm**, **Y-Med**, **Y-Large** / Adult size: **S** **M** **L** **XL**

Name of Camper: _____

School Grade Completed _____ Sex M F Age _____ Birth date _____

Parent or Guardian _____ Home /Cell Phone _____

Address _____ City _____ Zip _____

E-mail address _____

In case of emergency notify: _____ Relationship _____

Emergency phone numbers: Day _____ Cell _____

People authorized to pick your child up, other than you _____

Health and Waiver Section

Physician's Name _____ Phone _____

List any allergies to medications or any known allergies _____

Is camper current with all school required immunizations? Y N

Date of last tetanus shot _____ List medications presently being taken: _____

Medical Insurance Company _____ Policy # _____

Please indicate below any medical information that the Day Camp Staff should be aware of.

Check any of the following conditions to which the camper is subject:

- Bronchitis Fainting Spells Asthma Ear Trouble
Sinus Trouble Convulsions Hyperactivity

Other: _____

Are there any physical or emotional conditions which might limit the Camper's participation while at Day Camp? Y N If yes, please explain.

In the last 6 months, has the Camper been under medical care? Y N If yes, please explain.

List any special dietary needs (i.e. vegetarian, food allergies, etc.) _____

Photo Consent and Release

I agree that photos and videos of my child taken during camp may be used for marketing and promotional purposes for Cal-Pac Camps within the bounds of the California Pacific Annual Conference of The United Methodist Church. Y N

Medical Consent and Liability Release

Signature of Parent/Guardian _____ Date _____

I, the Parent/Guardian of the minor _____ do hereby authorize pursuant of Family Code Sections 6900-6910 any Adult Staff member of Cal-Pac Camps, as agent for the undersigned to consent on behalf of said minor to medical care, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, under the general or special supervision of, and upon the advice of or to be rendered by a physician or surgeon licensed under the provisions for the Medical Practice Act. For myself, and on behalf of said minor, I release, hold harmless and indemnify the California Pacific Annual Conference, its Boards, Officers, Members, Clergy, Staff, Agents and Volunteers from any and all claims, losses, costs, obligation and liabilities for injuries to any persons or for damages to or loss of property of any kind in any way arising out of participation of the above mentioned minor, whether or not arising from any alleged activity negligence, fault or legal liability of any kind of the California Pacific Annual Conference, its Boards, Officers, Members, Clergy, Staff, Agents and Volunteers to the fullest extent permitted by California law. This authorization shall be effective July 2nd to July 6th, 2012 inclusive. A photocopy or other reproduction of this authorization shall be considered as an original.

Signature of Parent/Guardian _____ Date _____