

Faith In Action Mission Day Camp #2

FOR CHILDREN THAT HAVE COMPLETED 1ST-5TH GRADE

Where: Tinkling Spring Presbyterian Church
30 Tinkling Spring Drive
Fishersville, VA 22939
(540) 885-0746

When: July 18-22, 2011
9:00 a.m.- 3:00 p.m. daily

Registration Fee: \$25.00 per child (April 3-24, 2011)
\$35.00 per child (April 25-June 26, 2011)

DAILY ACTIVITIES:

- | | | |
|-------------------------|----------------|--------------------------|
| *Local Service Projects | *Bible Lessons | *Praise & Worship |
| *Recreation | *Crafts | *Cooking and Much More!! |

Each camper should bring a bag lunch each day. Snacks and drinks will be provided.

Please return Registration Forms and Permission/Emergency Waiver Forms, with registration fee, to the church office no later than Sunday, June 26, 2011.

REGISTRATION FORM

Parent(s)/Guardian(s) _____

Address _____

Phone _____

Child's Name _____ Grade Completed _____ T-Shirt Size: S M L XL

Child's Name _____ Grade Completed _____ T-Shirt Size: S M L XL

Child's Name _____ Grade Completed _____ T-Shirt Size: S M L XL

Child's Name _____ Grade Completed _____ T-Shirt Size: S M L XL

Registration Fee: \$25.00 X _____ child/children = _____ Early Bird Registration (April 3-24, 2011)

Registration Fee: \$35.00 X _____ child/children = _____ Standard Registration (April 25-June 26, 2011)

Please make checks payable to TSPC. Memo: Faith in Action

NOTE: Each camper **MUST** turn in a signed Permission/Emergency Waiver Form with his or her Registration Form. Campers should wear comfortable play clothes and tennis shoes. Details of service projects will be announced prior to the first day of camp. For questions, please contact Harriet Thompson at 885-0746.

Faith In Action Mission Day Camp #2

PERMISSION / EMERGENCY WAIVER FORM

Please complete a separate form for each child attending the Faith in Action Mission Day Camp.

Child's Name _____

Address _____

Birthdate _____ Grade Completed _____

Name(s) of Parent(s)/Guardian(s) _____

Please list all of the phone numbers where we can reach parent(s)/guardian(s) in an emergency.

Home: _____ Work: _____ Cell: _____ Other: _____

Email _____

Alternate Emergency Contact _____

Relationship to Camper _____ Phone _____

Medical Conditions/Allergies (Medicine/Food/Others)

Health Insurance Carrier (or "none" if uninsured) _____

Insurance Policy Number _____ Policy Member's Name _____

Person(s) Transporting And/Or Picking Up Camper _____

All persons MUST come into Spring Hall to pick up campers.

I, _____ (parent, guardian) give permission for my child _____
to attend the Faith in Action Mission Day Camp at Tinkling Spring Presbyterian Church on July 18-22, 2011.

He or she may participate in all activities, including off site travel when it is part of the camp.

I hereby release Tinkling Spring Presbyterian Church and any of the adult and youth leadership at the Faith In Action Day Camp from any liability for any injury or problem occurring during participation in this event.

I give permission for the use of photography including my child to be used for publicity (in print and/or on-line) of the Faith in Action Mission Day Camp. I understand that NO reference will be made by name and NO information or links will be provided that will allow for direct contact by someone with internet access.

In the event of an emergency, I understand that all reasonable attempts will be made to contact me in the case of an accident involving my child. In the event that I cannot be reached, I hereby give permission for emergency medical care for my child (including hospitalization, ordering injections, anesthesia, and/or surgery).

Signature of Parent/Guardian _____

Date _____