



**Creations Art Camp  
April 5-9  
8:30 a.m. – 3:00pm  
\$50 per child**

Open to those who are in 1<sup>st</sup> - 5<sup>th</sup> grade.

This camp only has 40 spaces. Once filled we are no longer able to except more students. Please register early.

All kids need to pack a bag lunch daily. Snacks provided

Please complete one registration form/child:

1.Registrant's Name: \_\_\_\_\_ Sex: M F

Grade \_\_\_\_\_

2.Registrant's Name: \_\_\_\_\_ Sex: M F

Grade \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Bus. /Cell Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Days your child will attend (circle): All Week

Monday Tuesday Wednesday Thursday Friday

Names of those who can pick up child \_\_\_\_\_

**Mount Olivet United Methodist Church Liability Release Form**

1.Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

2.Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell/Pager \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_  
Carrier Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Insured \_\_\_\_\_ ID# \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

**In an emergency, if unable to reach parent, contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to  
Student \_\_\_\_\_  
Are your student's immunizations current? Yes No Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_

**Special Information**

Medication: Does your child take either prescription or non-prescription medication on a regular basis?  
Yes No If yes please list meds \_\_\_\_\_

Health or behavior concerns that we should be aware of: asthma, diabetes, epilepsy, ADD, ADHD, etc.:

\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Any other Information: \_\_\_\_\_

**Liability Release:** This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, Mount Olivet United Methodist Church and persons of any liability against personal losses of you/your child.

Please read the following statement and sign below.

I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him / her to attend Creations Art Camp (hereafter the "Event") being organized by Mount Olivet United Methodist Church. I / We understand that there are inherent risks involved in any event, and I / we hereby release Mount Olivet United Methodist Church, its employees, its agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement with the Event. In the event that he / she is injured while attending the Event and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and / or hospital personal refuses to administer without my / our consent, I / we hereby authorize the Program leaders, or another adult leader designated by him / her, to give consent for me / us, and I / we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I / we affirm that the health insurance information provided above is accurate at this date and will, to the best of my / our knowledge, still be in force for the student named above at the time of the Event.

I / We give permission for my child to participate in all Vacation Bible School activities at Mount Olivet United Methodist Church.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_ I / We give  
permission for pictures of my child taken during this Event to be used for advertising Creations Art Camp at the church and on the web-site. My child's name will not be included in any posting of the pictures.

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

**Ministry Opportunities for Jr. High Youth, Sr. High Youth, and Parents:**

Creations Art Camp will only happen WITH YOU! Please check how you can help:

- \_\_\_\_ Set Up (Sunday, June 14, 4:00)
- \_\_\_\_ Set up for Art Show
- \_\_\_\_ Crew Leader (lead a group of 5-8 children everyday)
- \_\_\_\_ Registration on Monday

I am available (circle all that apply): Mon. Tues. Wed. Thurs. Fri.

- \_\_\_\_ Decorations Crew for Art Show

\_\_\_ Floater/Gopher