

REGISTRATION FORM

Children's Music Day Camp

Salem Baptist Church

June 21-25, 2010

Cost: \$75.00

(A \$25.00 non-refundable deposit is required when you register.)

Child's Name _____ Age _____

Address _____ Date of Birth _____

Home Phone _____

Parent's Name(s) _____ Daytime/Cell Phone _____

What grade in school did your child just complete? _____

Please give us your child's T-shirt size: Youth: S M L Adult: S M L XL XXL

Please check all that apply:

- The parents are members of Salem Baptist Church.
- The child is a member of Salem Baptist Church.
- The parents are members of _____ Church.
- The child is a member of _____ Church.
- We attend church regularly. Where do you attend? _____ Church.
- We do not attend church anywhere on a regular basis.
- We are looking for a church home.

I (we), the parent(s) or guardian(s) of (child's full name) _____ give permission for the above named child to participate in all activities related to the Children's Music Day Camp sponsored by Salem Baptist Church, from June 21, 2010 through June 25, 2010. I (we) also give permission for the above named child to be transported by bus, church van, rental van, or private vehicle to all off-campus activities being held in conjunction with the Children's Music Day Camp. In the event of an injury or illness, and in the event I (we) can not be contacted to give permission for medical treatment, I (we) authorize the leaders of Salem Baptist Church and the Children's Music Day Camp to seek and authorize medical treatment. We hereby release Salem Baptist Church, it's employees, and it's representatives from any and all liability for any accident, injury, or illness that may occur as a result of activities engaged in by the above named child during the Children's Music Day Camp sponsored by Salem Baptist Church.

I am aware that as a part of the Children's Music Day Camp, the children will learn a children's musical. They will present that musical on Sunday, June 27, 2010. Realizing the importance of my child's participation in this musical as a part of the Children's Music Day Camp, I will make sure my child is at the final dress rehearsal at the specified time on Sunday afternoon, June 27, 2010, and the presentation of the program at 6:00 p.m. that same day.

Please list **all** known allergies _____

Please list **any** limitations to your child's activity due to a physical or medical problem _____

Please give us **any** additional information we might need in the event of an injury or illness _____

Signature of Parent or Guardian

Date

Signature of Notary

Date