

Children's Camp Registration Form 2010

Tennessee Conference Camp & Retreat Ministries

(available online at www.tnumcamps.org)

Please Print Clearly & Complete Both Sides of this Form

Please check each event for which you are registering Today's Date _____

Mustard Seed (3-night)	\$130/person	Cedar Crest	June 16-19	Rising K-3
Mustard Seed (2-night)	\$90/person	Cedar Crest	July 9-11	Rising K-3
Just Me (3-night)	\$165	Cedar Crest	June 16-19	Rising 3-4
Just Me (3-night)	\$165	Cedar Crest	July 30 - August 2	Rising 3-4
Agape Camp (5-night)	\$240	Cedar Crest	June 20-25	Rising 3-5
Agape Camp (4-night)	\$210	Cedar Crest	July 5-9	Rising 3-5
Agape Camp (rustic; 5-night)	\$240	Cedar Crest	July 18-23	Rising 3-5
Agape Camp (5-night)	\$240	Cedar Crest	July 25-30	Rising 3-5
Agape/Icthus Combined (5-night)	\$240	Cedar Crest	June 27 - July 2	Rising 3-7
Icthus Camp (5-night)	\$240	Cedar Crest	June 20-25	Rising 5-7
Icthus Camp (4-night)	\$210	Cedar Crest	July 5-9	Rising 5-7
Icthus Camp (rustic; 5-night)	\$240	Cedar Crest	July 18-23	Rising 5-7
Icthus Camp (5-night)	\$240	Cedar Crest	July 25-30	Rising 5-7

Participant Full Name: _____

Email: _____

Name on Nametag: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Church Name: _____

City: _____ State: _____ Zip Code: _____

Pastor: _____ Youth Director: _____

School (currently attend): _____

DOB: _____ Age: _____ Grade as of Jan 1, 2010: _____ Gender: _____ Race: _____

Please circle child's T-shirt size (also circle parent's size if attending Mustard Seed Camp):

Youth sizes: S (6-8) M (10-12) L (14-16); Adult sizes: S M L XL 2X 3X

Parent T-shirt size (circle one): S M L XL 2X 3X

Parent/Guardian Signature: _____

Address: (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone: Day (____) _____ Evening: (____) _____ Cell: (____) _____

Email: _____

As a parent, I would be willing to serve as a Small Group Shepherd if asked: **Y N** (circle 1)

Event Fee: \$ _____	Total enclosed with this form: \$ _____
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Make check payable to **Cedar Crest Camp**

Mail to: ATTN: _____ (event name, e.g. Agape Camp)

Cedar Crest Camp
7900 Cedar Crest Camp Road
Lyles, TN 37098

Donations to the Camp and Retreat Ministries of the Tennessee Conference are greatly appreciated, helping to fund needed improvements to the camp facilities, buy programming supplies, and provide scholarships for needy kids. If you'd like to include a donation, please make check payable to **Friends of Camping**, and it can be included with your registration form to the same address above.

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Media Authorization and Release

I consent to the taking of photographs, movies, videos, or other images of my child and myself by the Tennessee Conference of The United Methodist Church or its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors ("TNUMC"). I forever grant, assign, and transfer to TNUMC any right, title, or interest to edit, reproduce, and use those images for any purpose, including but not limited to advertising, promotion, and display—through any media, including but not limited to audio, video, print, television, internet, and podcast. I further agree to release, indemnify and hold harmless TNUMC from any and all claims, demands, actions, or causes of actions, loss, liability, damage or cost arising from this authorization.

Parent/Legal Guardian Signature _____ Date _____

Medical Information Form

Name of Registrant: _____ Social Security _____

Full Address: _____

Emergency Contact & Phone: _____ (____) _____

Health Insurance Provider: _____ Group Policy #: _____

Family Physician: _____ Phone: (____) _____

Family Dentist: _____ Phone: (____) _____

Health Concerns _____

Special needs (physical, dietary): _____

Allergies (food, nature, drugs): _____

List Medications required during camp or event:

Name of Medication	Dosage/Delivery	Reason

Medications will be kept in a secure, locked location. The camp nurse or director will administer as directed.

I give permission for my child to be given Tylenol, Benadryl or other minor medication as needed. **Y N** (circle 1)

Describe any behavioral or emotional problems your child has that may affect his or her stay at camp or event

I understand that all reasonable safety precautions will be taken at all times by the Youth and Camping Ministries of the Tennessee Conference event staff. I have completed the information to the best of my knowledge. In giving my child permission to attend the event(s) indicated, I release the United Methodist Church, Tennessee Conference, leaders and camp staff from liability for damages, losses, disease, or injuries incurred by my child. I understand that I, or the emergency contact listed on the registration form will be contacted. I hereby give permission to the physician or facility present to order X-rays, routine tests, and treatment for the health of my child.

Parent/Legal Guardian Signature _____ Date _____

Witness _____ Date _____