

AGES: 8 weeks - completed Kindergarten

M-TH July 25-28, 2016 • 9am-1pm

**Ocean Commotion: Diving into Noah's Flood**

**Camp Cost: \$85\* first/second child \$75\* additional children**

(\*Price will increase on June 20 to \$100 per child)

Please complete a signed form for **each** child registering.



Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Home Church: \_\_\_\_\_

Emergency Contact Person (other than parent): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Is your child completely potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your younger child take a nap? Yes \_\_\_\_\_ No \_\_\_\_\_

FINANCIAL AGREEMENT

Payment in full will reserve your child's place in Play Days. Cancellation will result in a \$25.00 non-refundable charge.

PHOTO RELEASE By registering, I realize that my child's picture may be used in future UBC print and website promotion and publicity.

**Medical Care & Medical Information Authorization**  
TO THE ATTENDING PHYSICIAN, HOSPITAL AND STAFF:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of UBC to perform necessary care for the welfare of my child until such a time as you are able to reach us personally.

\_\_\_\_\_  
Parent/Legal Guardian: Printed Name                      Signature                      Date

\_\_\_\_\_  
Witnessed by: Printed Name                      Signature                      Date

**Liability Release**

I, \_\_\_\_\_, do hereby release, absolve, indemnify and hold harmless UBC, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to me or the above named persons arising out of our participation in church sponsored events. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I also acknowledge that insurance UBC may carry is secondary to my personal insurance.

\_\_\_\_\_  
Parent/Legal Guardian: Printed Name                      Signature                      Date

