



## Cross Trails Ministry Day Camp Registration Form

*One per child, please! Please print.*

Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group/Policy Number \_\_\_\_\_

Grade in school 2017-18 \_\_\_\_\_ T-shirt size (circle one) 6-8 10-12 14-16

Home Church \_\_\_\_\_ City \_\_\_\_\_

Special interests or hobbies: \_\_\_\_\_

Any restrictions to physical activities \_\_\_\_\_

Any allergic reactions (food, drugs, insects, etc.) \_\_\_\_\_

List any people and their phone numbers who may pick up your child at Day Camp \_\_\_\_\_

## EMERGENCY RELEASE

I will not hold Cross Trails Ministry, its staff, or the congregational volunteers responsible for accidents, claims and damages arising from my child's participation in camp activities. I also give Cross Trails Ministry permission to use any photograph/video of me or my child, taken at Day Camp, in future promotional materials for its sites and programs.

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Parent/Guardian Signature

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Date

**Office Use Only**

Family Group \_\_\_\_\_

Date Paid \_\_\_\_\_