



Registration Form

August 9-13, 2010
9AM - 12PM
St. Mark's United Methodist Church

Registration Deadline:
Sun. July 25, 2010
For children entering 1st- 6th grades

Child's Name: _____ Date of Birth: _____

Address: _____

City/State: _____ Zip: _____

E-mail address: _____

Age: _____ Last school grade completed: _____ Male/Female: _____

Parents/Guardian(s) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In case of emergency, contact _____ Phone: _____

_____ Phone: _____

Special concerns (allergies, medications, medical conditions, etc.): _____

Health Insurance Company _____ Phone: _____

Group Number: _____ ID Number: _____

Physician's Name: _____ Phone: _____

Person(s) authorized to pick up child: _____

Note: For safety, no children will be permitted to leave the building unattended. You must enter the building to pick up children in the sanctuary.

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend L.O.S.T. An Island Adventure Musical camp. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during L.O.S.T. An Island Adventure Musical camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff, St. Mark's UMC, the sponsoring organization, as well as its representatives, harmless in the exercise of this authority.

I further understand there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospitals, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representative from any claims for personal illness or injury that my child may sustain during the camp.

I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Print Name of Parent or Guardian: _____

Date: _____ Signature of Parent or Guardian: _____

Musical Choices (Select the area your child would like to focus on placing numbers 1-4 on the space provided. 1- most interested to 4 - least interested.) *There are limited parts in some groups. Once you child is placed in a group, they will continue with that group through the remainder of camp.*

Of note, the musical will be performed on Friday night, August 13 at St. Mark's UMC as well as Sunday, August 15 at the 9:15 a.m. and 10:45 a.m. services.

_____ **Drama** - Speaking parts to be memorized.

_____ **Chorus** - Songs are choreographed.

_____ **Dance** - Different songs will highlight specific dancers

_____ **Stage Crew** - They will help set up and move props, get people in places to keep the musical running smoothly.

T-shirt size (circle one)

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult XL

Please note: We often take pictures during activities. If you would prefer that your child's picture not be used on any of St. Mark's promotional materials, please mark this box.

Payment of \$20 per child is due with registration. Check payable to "St. Mark's UMC"

Tuition assistance is available.

For questions or additional forms: Contact Colleen DeNune, St. Mark's Children's Worship Director at 653-5493 or werglorybnd@yahoo.com. (Please enter "music/drama camp" in the subject line of an email.)