



Camp Cost: \$85* first/second child \$75* additional children
(*Price will increase on June 19 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

