



Registration Form

Calvary Church, Fruitport, Michigan

Name _____ Birth Date _____ Grade _____
Address _____ City _____ (Zip) _____
Home Phone () _____ Other Phone () _____

CALVARY'S KIDS CAMP JULY 30 – Aug 2, 2013

Medical Release Consent:

I (we), the parent/guardian of the aforementioned, do hereby authorize *Calvary Church* staff or sponsor as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical supervision of any licensed physician and/or surgeon, whether such diagnosis or treatment is rendered of his best judgment may deem advisable.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on child's release form. This registration form will be kept on file at *Calvary Church* to use for the Calvary Kid's Camp from July 30 - August 2, 2013.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact _____ Phone: _____

Family Doctor _____

Insurance Company _____

Insurance Policy Number _____

Medications:	Allergies:
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Media Release Consent:

I, _____, grant **Calvary Church** permission to use my child's likeness in a photograph in one or any of its publications, including website entries (circle all that apply: Facebook, church website, Sunday Morning video) without payment or any other consideration. I authorize **Calvary Church** to edit, copy, publish or distribute this photo for purposes of publicizing **Calvary Church's** programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. I hold harmless and release and forever discharge **Calvary Church** from all claims, demands, and causes of action which I or any other persons acting on my behalf may have by reason of this authorization.

Parent/Guardian's Signature _____ Date _____

Children's Names _____

Calvary Church, 1910 Ruddiman Ave., N. Muskegon, MI 49445 - 888.822.4632

If the above information should change, please contact the church