

Messiah Summer Music Camp

Registration Form

August 7-11 9:00AM-12:00PM



FRUIT OF
THE SPIRIT

Printed Name of Child: _____

Birth Date: _____ Child's Age: _____ Grade entering in Fall 2017: _____

Address: _____

Parent Email: _____

In case of emergency, contact:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Other: _____ Phone: _____

Allergies/Medical Conditions/Special Needs: _____

T-Shirt Size (indicate youth or adult): _____

We also need a few teen and adult volunteers to help out during camp week. Please check here if you're interested in volunteering and we'll contact you: _____

Emergency Information and Consent for Liability and Medical Release

In the unlikely event of an emergency and I cannot be reached, I hereby give Messiah UMC and its leaders the permission to act on my behalf in seeking emergency treatment for my child if such treatment is deemed necessary by the leaders.

I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Messiah UMC and its leaders from liability in acting on my behalf in this regard so long as they are not grossly negligent.

Parent Signature: _____

Please return form and check for \$20 per child (\$15 for siblings) to Jessica Irish at Messiah UMC, 6215 Rolling Road, Springfield, VA 22152, by August 1. Questions? Contact Jessica at JIrish@messiahumc.org. Scholarships are also available.