



# SUMMER CAMP STUDENT INFORMATION FORM

(one per child)

Child's name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Parent/caregiver's cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Who else is allowed to pick up your child: \_\_\_\_\_

Allergies or other medical conditions:

Home church: \_\_\_\_\_

## Release for Video - - Photography:

I hereby grant Heritage United Methodist Church permission to use videotape/ photos, edited or not edited, for Heritage UMC purposes. I understand that my child's real name will not be used. I hereby waive any right that I (or the minor for whom I am giving permission) may have to inspect or approve the finished product or products that may be made in connection therewith. I hereby release, discharge, and agree to hold harmless Heritage UMC from any liability by virtue of any blurring, distortion, alteration, intentional or otherwise, that may occur or be produced in the making and editing of said video or in any subsequent processing thereof. I grant full rights to use said video/ photos in Heritage UMC's promotional videos/ presentations/ printed materials. I hereby warrant that I am of full age and have every right to contract for myself (or the minor) in the above regard.

Date: \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

### For Office Use Only:

PBA1 <input type="checkbox"/>	PBA 2 <input type="checkbox"/>	PBA 3 <input type="checkbox"/>	PVBS <input type="checkbox"/>
Kids Camp <input type="checkbox"/>	Camp Heritage <input type="checkbox"/>	VBS <input type="checkbox"/>	
Travel Camp <input type="checkbox"/>	Agility Camp <input type="checkbox"/>		