

Camp Genesis

GENESIS UNITED METHODIST CHURCH

7635 S. Hulen
Fort Worth, TX 76133

Please Print

Child's Name _____ DOB _____

Address _____ Zip code _____

E-mail _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Doctor's Name _____ phone _____

Food Allergies

Medical Allergies or Conditions that may limit activity

Who may pick up this child?

Name _____ relationship _____

Phone _____

Name _____ relationship _____

Phone _____

Camp Genesis

Signature of parent or guardian _____ date _____

Camper's Name _____

CIRCLE DAYS ATTENDING
JUNE: 5, 6, 7, 8 JUNE 12, 13, 14, 15

PERMISSION/WAIVER INFORMATION:

I recognize that there may be occasions when the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness or other health condition or injury. In case of needed emergency medical treatment, I hereby give permission to the agents of Genesis United Methodist Church to seek and secure treatment for the child. In doing so I agree to pay all fees and cost arising from this action to obtain medical treatment. I also give permission for emergency medical care to be given by a hospital should my child need such treatment before I am contacted.

By signing this permission/waiver form, I expressly warrant the child named above is capable of participation in the physical and mental demands of the activities. I also understand that Genesis United Methodist Church, its ministers, leaders, employees, volunteers, and agents are not liable should accidents, illnesses, or injuries come to my child in the course of participation in the activity named above.

My signature below indicates that I have read the above permission/waiver and am fully familiar with its contents. I give permission for the child named above to attend and participate in the named activity of Genesis United Methodist Church.

I give permission for Camp Genesis to post pictures/video of my child on the preschool/and or church website and Facebook _____yes _____no

Signature of parent or legal guardian _____

Printed name of parent or legal guardian _____ date _____

Some camp activities will take place outside. It is important that you apply sunscreen to your child before camp every day. Hats and sunglasses are encouraged for outside activities.

Mail form and check to:	Camp Genesis GENESIS UNITED METHODIST CHURCH 7635 S. Hulen St. Fort Worth, TX 76133
<u>Or return to Preschool Office.</u>	
Make checks payable to: Genesis UMC –memo Camp Genesis \$15 Registration/Supply (non-refundable, due with registration form) \$200 ... 8 days, \$120 ... 4days or \$35 daily RESERVATIONS 817-294-5725	

Camp Genesis

