

Wacky Wednesday Registration Form

Trinity UMC, Lenoir City

Camper Name: _____

Camper Information:

Gender: _____ Birthdate: _____ Age: _____ School Grade in Fall: _____

Church Home: _____ T-Shirt Size: _____

Registering Parent/Guardian/Contacts

Name: _____

Full Address: _____

Phone: Home (____) _____ Day (____) _____ Cell (____) _____

Email Address: _____

Second Parent/Guardian/Contacts

Name: _____

Full Address: _____

Phone: Home (____) _____ Day (____) _____ Cell (____) _____

Email Address: _____

Health Information:

List any physical, emotional, behavioral, or mental health concerns: _____

All immunizations required for my child to attend school are up to date: Yes No

Date of last tetanus shot: _____

List any food or medication allergies: _____

Is camper allergic to bee stings? _____ Has camper ever been stung by a bee? _____

List any medications the child will be given while at Wacky Wednesday:

Medication	Dosage or Amount	Times/Meals taken
_____	_____	_____
_____	_____	_____

Parent/Guardian Authorization

In signing this authorization, I acknowledge that I have read and agreed to the policies outlined in the Wacky Wednesday Parent Guide and am aware that the activities associated with this event entail certain inherent risks including damage to property, personal injury, and even death. I understand that my child will be held accountable for their actions and behaviors at Wacky Wednesday. In consideration for being permitted to participate in this event, I agree to assume all such risks and hereby release and discharge Trinity United Methodist Church trustees, employees, agents and other aids and/or volunteers from any and all liability for any and all damage, loss, injury, or death of every kind and nature whatsoever which in any way arises out of my participation in this event.

I hereby give permission to the camp to provide routine health care, administer prescription drugs, and seek emergency medical treatment including ordering X-rays and/or routine tests. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me/or my child as named above.

The person herein described has permission to engage in all camp activities except as noted. I give permission for me/my child to be transported in a private vehicle if necessary. I give permission for photographs taken of me/or my child to be used for camp publicity, printed or electronic.

Signature of Parent/Guardian: _____ **Date:** _____