

# Camp Quest 2008 Registration Form

(Preschool through 5<sup>th</sup> grade)



*Group Publishing's* **Power Lab**

**July 14 – 18**

**9:00am – noon**

**Registration: \$50**



*Registration: Includes nonrefundable \$10 processing fee. No refunds after June 1. Includes one camp t-shirt. Additional t-shirts may be ordered upon request for an additional \$10. To order an additional shirt, add \$10 to the registration fee and indicate that it is for a t-shirt. There will be a \$10 Late fee for forms received after June 20<sup>th</sup>.*

Child's Name		Tee Shirt sizes: circle one Child – S M L * Adult – S M L XL	
Address:	City:	Zip:	
Grade Level in Fall:	Date of Birth:		
Buddy or friend you want to partner with:			
Parent/Guardians Name			
Home Ph.	Cell Ph.	Work Ph.	
Work Address:	City	Zip	

**Emergency contact information** (used if parent/guardian is unavailable)

Name:	Relationship to Child:	Phone:
Name:	Relationship to Child:	Phone:

**Emergency medical information**

Allergies	
Limitations/Disabilities/Restrictions	
Family Doctor:	Phone:
Family Dentist:	Phone:
Health Insurance Co.:	Phone:
Policy ID#:	Name of Insured:

**Medical and Photo Release:**

Pursuant to California Family Code 6910 - Pursuant to California Penal Code Section 12552

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby agree and authorize the terms and conditions for the medical and photo releases as stated on the backside of this form.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**One registration form required for each child!**

My child, \_\_\_\_\_, has my permission to participate in the Resurrection Lutheran Church's Camp Quest Program. I understand that any activity has inherent risks and I assume full financial responsibility for any injury that may occur. I further agree not to hold Resurrection Lutheran Church responsible for any injury that may occur.

I hereby authorize the staff of Camp Quest to consent for necessary medical treatment and hospital care for the said minor, which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon or dentist licensed under the state act. I further agree to accept full financial responsibility for said treatment. This authorization will remain in effect while the said minor is in route to or from, or involved or participating in any activity of Camp Quest / Resurrection Lutheran Church, unless I/We revoke in writing and deliver to the staff of Camp Quest.

I further understand that promotional pictures may be taken during a camp or activity; I authorize Resurrection Lutheran Church to use photographs of my child for promotional materials.

