

Registration Procedure & Policies for Forest Home Summer Camp

*Your space will be guaranteed once you have completed and turned in the following:

- FPC Forest Home Registration Form
- FPC Medical and Liability Release
- Forest Home Medical and Liability Release
- A Check for the full amount of the Camp made out to “First Presbyterian Church”.

(Discuss with Director if a scholarship or payment plan is needed)

* Spaces will be filled on a first come, first serve basis. After our spots are filled we will put your name on a Wait List. To be placed on the Wait List, you will need to turn in all the above information for your child. We will hold the check until we get you a spot for camp.

*If you need to withdraw from camp you may do so with a full refund by April 1st, 2008. After April 1st, 2008, a full refund will be given only if a replacement can be found to attend camp in your spot.

Forest Home Registration Form First Presbyterian Church

Child's Full Name: _____

Primary Address: _____ Zip: _____

City: _____ Phone: (____) _____

Birthdate: ____/____/____ Male Female Current Grade: _____

Circle Camp attending:

Indian Village - Current 2nd & 3rd graders, June 29th-July 5th. \$225.00

Adventure Mountain - Current 4th graders, June 29th-July 5th. \$250.00

Creekside- Current 4th graders, June 29th-July 5th. \$300.00

Lakeview - Current 4th graders, June 22nd-29th. \$310.00

Names of Parents/ Guardian: _____

Address (if different from child): _____

City: _____ Zip: _____ Phone: (____) _____

Work phone: (____) _____ Cell Phone: (____) _____

Other information relevant to your child attending Camp with First Presbyterian Church:

(Emotional, behavioral concerns, etc.)

I have read and understand the policies regarding sign-ups for my child to attend the Forest Home Christian Camp checked above.

Signature

Date

**First Presbyterian Church
San Diego
Medical and Liability Release**

Please complete and return to First Presbyterian Church

PLEASE PRINT CLEARLY

Name _____ Sex: Boy _____ Girl _____

Address _____ Home Phone (____) _____

City _____ Zip _____ Work Phone (____) _____

Age _____ Grade _____ Date of Birth _____

School _____

Parent/Guardian living with student: _____

In emergency please notify: _____ Phone: _____

Family Doctor: _____ Phone: _____

Medical Insurance Co: _____ Phone: _____

HEALTH HISTORY:

ALLERGIES _____ Insect stings _____ Heart Condition _____ Epilepsy or nervous disorder

_____ Drugs _____ Other allergies _____ Chronic asthma _____ Frequent stomach
upset

_____ Hay Fever _____ Diabetes _____ Frequent colds _____ Physical handicap

_____ Disorder _____ Other _____ Bed wetting _____ Attention Deficit

Please give details on any of the above if checked:

I (we), the parents/guardians of the above mentioned student (s), do hereby authorize First Presbyterian Church as agents for the undersigned to consent to any x-ray examination, anesthetist, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment deemed advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California and shall remain effective until December 31, 2008 unless revoked sooner in *writing delivered to said agents.*

I also understand that our family is responsible for necessary medical treatment, whether through insurance or other means, and that First Presbyterian Church does not provide medical insurance coverage.

In signing this release, I (we) agree not to hold First Presbyterian Church and/or it's agent or employees liable for damages, losses or injuries to the persons or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and that the signature is for both medical and liability release.

Signature

Date