

**Grace Park Summer Events Registration and Parental/Guardian Release Form**

Child's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Siblings Attending: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number to Reach Parent During Camp: (\_\_\_\_\_) \_\_\_\_\_

Would you like to request one sibling/friend for your child to be grouped with? If so, whom?

\_\_\_\_\_

**Parental Release Form**

Hospital Preference: \_\_\_\_\_

List any medication currently taking: \_\_\_\_\_

List any physical conditions (allergies/asthma/diabetic/etc.): \_\_\_\_\_

Describe any special medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency contact:

Name	Phone	Relationship to Child
_____	_____	_____
_____	_____	_____

**Parental Agreement**

(To be completed by parent or legal guardian)

I give my permission for such medical procedures as may be necessary to this child by Grace Park Church in the event of sickness or injury. I will be responsible for any or all cost of medical coverage and treatment provided, not covered by insurance. I understand that, as a condition of admittance, the undersigned, on behalf of all parents and guardians, and behalf of the applicant, hereby releases Grace Park Church, Wright Elementary, and all other employees, volunteers or agents from any and all liability, from injury, illness, mental or physical, suffered by the child during or related to Mission Possible summer camp, to also include transportation and personal property.

I also give Grace Park Church permission to use any photo(s) and video(s) of my child in any future publicity or literature.

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