

**Spring Woods United Methodist Church  
2009 Summer Discovery Camp**

**Please check:**                    **Tuesdays and Thursdays 9:30 a.m. to 2:30 p.m.**  
\_\_\_\_\_ **Session One**                    **June 9<sup>th</sup> – July 2<sup>nd</sup>**  
\_\_\_\_\_ **Session Two**                    **July 7<sup>th</sup> – July 30<sup>th</sup>**

**PLEASE FILL OUT THE ENTIRE FORM (FRONT AND BACK).**

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Months: \_\_\_\_\_

Nickname: \_\_\_\_\_ M/F \_\_\_\_\_ Age and/or Grade Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Physician and Phone: \_\_\_\_\_

***In case of emergency contact:*** \_\_\_\_\_ Phone: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Hospitalization Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

***Other emergency contacts and persons authorized to pick up my child:***

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is your child taking any medication on a regular basis? \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

Does your child have any food or diet restrictions? \_\_\_\_\_

Is your child restricted from participating in any physical activity? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

By my signature of this registration form, I give my permission to take photographs of children's activities in which my child is participating to be used as ministry information and advertisement in church publications.

**The reserve side of this form must be completed for your child to be registered for Summer Discovery Camp.**

**RELEASE AND HOLD HARMLESS AGREEMENT FOR  
SPRING WOODS UNITED METHODIST CHURCH**

By my signature, I, \_\_\_\_\_ the parent or guardian of \_\_\_\_\_ grant my permission for him/her to participate fully in any activities or trips sponsored by Spring Woods United Methodist Church. I understand that my signature carries with it the following: An authorization of any of the adult leaders to obtain necessary medical attention and or treatment for my son/daughter. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs.

If I am the parent, legal guardian, or custodian of any minor participating in the programs and activities of Spring Woods, I knowingly release, absolve, indemnify, and hold harmless Spring Woods, its Members, Trustees, Administrative Board, Committees, and Staff as well as the organizers, sponsors, workers and all others acting on behalf of Spring Woods or its programs/activities, from all claims that might result from any injury and/or death of any minor. I understand that the Release and Hold Harmless Agreement pertains to all programs and activities of Spring Woods, including, but not limited to Weekday Ministries, Day Camp, Youth and Sports Activities, Vacation Bible School, and any other programs and activities, including those for which transportation may be provided by Spring Woods.

This Release and Hold Harmless Agreement shall remain in effect until revoked by me in writing.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Signed \_\_\_\_\_

(Signature is by a minor's parent, legal guardian or custodian)

**Sign only in the presence of Notary**

STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me on this \_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Seal

\_\_\_\_\_  
Notary Public's Signature

**FOR OFFICE USE ONLY**

Date registered \_\_\_\_\_

Fees paid \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_

Session One \_\_\_\_\_

Class/group assignment \_\_\_\_\_

Session Two \_\_\_\_\_

Class/group assignment \_\_\_\_\_

Other information \_\_\_\_\_ Parent Contacted \_\_\_\_\_