

# **m&m's Mini Camp for 4th and 5th graders • August 9, 10, and 11**

9:00 AM – Noon, Tuesday and Wednesday; 9:00 AM – 1:00 PM Thursday

\$30.00 Registration (\$33.00 for Online Registration) Includes Daily Snacks and Lunch on Thursday

Name: \_\_\_\_\_ Grade Completed Spring 2011: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Child Allergies: \_\_\_\_\_

Is there anything else we need to know that will help us during camp?

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## **Child Mission Statement**

"I am coming to M&M Mini Camp to learn about and to be in service to other people. I am coming to have fun and am looking forward to helping others. Therefore, I will not bring my iPod, iPhone, GameBoy DS, or any other electronic device that would distract me or others. I will come with an open heart and mind so that God can teach me and use me! This camp is "not about me" but about others!!"

Kid's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*Parents, please be sure to have your child read and sign this form before you turn it into the church office with the accompanying Release and Consent Forms. We want to make sure that all kids and parents know and accept the intent of this camp. It's going to be a wonderful time for all!!*

**PARENTS, want to help and be of service during camp? Please check the days:**

- Tuesday (working on campus)
- Wednesday (field trip off campus)
- Thursday (preparing lunch for CAF, playing games and dining with them)

# Tarrytown United Methodist Church

## Release and Consent Form

Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

To Whom It May Concern:

The undersigned gives permission for our (my) child, \_\_\_\_\_  
to attend and participate in activities sponsored by Tarrytown United Methodist Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist whether such diagnosis or treatment is rendered at the office of said physician or at a hospital where said physician or dentist has privileges.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Furthermore we (I) do hereby release, forever discharge and agree to hold harmless Tarrytown United Methodist Church, its staff, and its volunteers from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any activities sponsored by Tarrytown United Methodist Church.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I agree to assume all risks arising from my child's participation in the activities of Tarrytown United Methodist Church, even if my child is harmed through the negligence of others, including staff or volunteers of the church.

Further, authorization and permission is hereby given to said church to furnish any necessary food and lodging for this participant.

The undersigned further hereby agree to hold harmless any indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Should it be necessary for our (my) child to return home due to medical reasons, discipline action or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Tarrytown United Methodist Church.

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Parent (specify if other relationship)

Date

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Parent (specify if other relationship)

Date

# Tarrytown United Methodist Church

## Medical Information Form

**Information:**

Name	Date of Birth	Male or Female
Parent/Legal Guardian	Relationship	
Address		
Home Phone	Work Phone	
Cell Phone	Email	
Parent/Legal Guardian	Relationship	
Address		
Home Phone	Work Phone	
Cell Phone	Email	

**Emergency Contacts:**

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

**Insurance Information:**

Insurance Company	ID Number	Policy Number
Phone Number(s)		
Primary Physician's Name	Phone	
Address		

Please list any allergies/medical conditions requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Please list any known medical conditions, including food allergies and/or drug allergies.

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# Tarrytown United Methodist Church

## Multimedia Release Form

To Whom It May Concern:

I grant Tarrytown United Methodist Church, its representatives, and employees the right to take photographs and/or video of my child at TUMC sponsored activities and to use said photographs and/or video in which my child may appear for its publications, publicity, presentations, and/or Web site as part of TUMC's interpretation and promotion of its programs to the community.

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Signature

Date

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Name (Please Print)

Relationship

# Tarrytown United Methodist Church

## Permission to Travel

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_ to go on designated field trips with Tarrytown United Methodist Church. I will be notified in advance of such trips.

My child:

\_\_\_\_\_ May ride in the church van

\_\_\_\_\_ May only ride with me or someone else as the designated driver

\_\_\_\_\_ May ride in the front seat

\_\_\_\_\_ Must ride in the back seat

Notes: \_\_\_\_\_

\_\_\_\_\_

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Signature

Date

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Name (Please Print)

Relationship