

EPIC SUMMER 2010



Complete **FRONT and BACK** , using **BLUE or BLACK** ink

1) Child's Name: _____ Sex: M F

 Birthday: ____/____/____ Grade in '09 - '10: _____

2) Child's Name: _____ Sex: M F

 Birthday: ____/____/____ Grade in '09 - '10: _____

3) Child's Name: _____ Sex: M F

 Birthday: ____/____/____ Grade in '09 - '10: _____

Best phone # to be reached during camp: (____) _____

Address: _____ City: _____ Zip: _____

E-Mail address: _____ Church you attend: _____

Activity and Date	Requirements	Additional Info	Cost	Select
Hero HQ – VBS June 21-25	Ages 3 years – Completed 5 th Grade <i>(Nursery is available for children of volunteers)</i>	9:00 am – 12:00 pm	\$20.00 per NHC child \$25.00/non NHC child	<input type="checkbox"/> YES Child # __ Child # __ Child # __
Camp Shamineau at NHC July 5-8	Completed 1 st – 5 th grade	9:00 am – 3:00 pm Days Attending: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> TH	\$10.00/day	<input type="checkbox"/> YES Child # __ Child # __ Child # __
Music and Drama Camp July 19-23 (7/25 Show)	Completed 1 st - 5 th grade	9:00 am – 3:00 pm Shirt size: Youth / Adult (Circle) S ___ M ___ L ___ XL ___	\$55.00	<input type="checkbox"/> YES Child # __ Child # __ Child # __
Creative Ministries Camp Aug. 16-19	Completed 3 rd - 5 th grade	9:00 am – 12:00 pm	\$15.00	<input type="checkbox"/> YES Child # __ Child # __

Volunteers are needed for all activities. Please indicate below if you are able to help:

_____ Need Nursery for VBS

Space is limited. A confirmation card will be sent out when your registration is received.

Please Turn Over ➡

GENERAL EMERGENCY MEDICAL TREATMENT
(Authorization to consent of Emergency Medical Treatment)

- (I) I, the (Parents), (Guardians) of the child(ren) listed on this form, do hereby authorize the sponsor representing New Hope Church of New Hope, Minnesota, in order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of registered events. I hereby authorize the staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the event, and I hereby hold the event staff and New Hope Church, as well as it's representatives, harmless in the exercise of this authority.
- (II) It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospital judgment deemed advisable.
- (III) This authorization is to be effective for the scheduled events unless revoked in writing by said sponsor.
- (IV) It is understood that, as parents or guardians, we are responsible for all medical costs and (I) (We) will not hold New Hope Church of New Hope, the sponsor, any officer, drivers, or helpers liable for medical aid rendered to (my), (our) child(ren).

Parent/Legal Guardian Name **(please print)** _____

Name of Family Doctor _____ Phone _____

Insurance Company _____ Member Policy # _____

List all known allergies/special needs:

Should the parent or guardian (primary contact) not be available, whom should we contact (secondary contact) in case of emergency?

Secondary contact _____ Secondary Phone _____

NHC may use any photos of my child in brochures, website, and any other promotions.

Parent or Legal Guardian's Name (Please print)

Signature of Parent or Legal Guardian _____ *Date* _____

***Additional forms are available on our website at www.newhopechurchmn.org**

For office use only			
Date Rcvd _____	Payment _____	Confirm. Card _____	
Copied: VBS _____	Shamineau _____	MAD _____	CMC _____