

Dear Parents,

We are very excited about our camp plans for this summer! Thank you for including Whiz Kids and WCUMC in your child's summer plans. We are going to learn so much and have TONS of fun.

Day Camp per week Fee: \$150 for 9am-3pm

with Extended Care: \$200 for 9am-6pm

*July 22-26 morning session only \$20 for the week

**Early Bird registration ends May 8th (save \$50 off each week of camp if you register and pay before that date!)

Please return these forms along with any fees due one week before your child's camp begins:

Woodinville Whiz Kids

Woodinville Community U.M. Church

17110 140th Ave Ne

Woodinville, WA 98072

Checks may be made out to WCUMC memo line: summer camps

If you have any questions, please contact Lindsey at (425) 483-5252 ext. 109

Looking forward to sharing and making memories with your kids this summer!

Lindsey Eklund

Children's Pastor/Whiz Kids Director

Summer Day Camps 2013 Registration Form

CAMPER INFORMATION

Last Name _____ First Name _____ Date of Birth _____
Grade completed _____ School _____
Address _____ City _____ State ____ Zip _____

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____
(Please circle the best choice for reaching you)
Phone number _____ Work number _____ Cell number _____

Emergency Contact _____ **Emergency Contact Number** _____

Emergency Contact _____ **Emergency Contact Number** _____

CAMP \$150 (9am-3pm) or \$200 (9am-6pm)

- ___ Week 1 July 8-12 KidShine Performing Arts Camp (rising grades 3rd-8th)
- ___ Week 2 July 22-26 Journey to Athens (preK4 -6th grade)
- ___ Week 3 August 5-9 Secrets of the Kingdom: The Parables of Jesus (grades K-6th)
- ___ Week 4 August 19-23 MEGA Sports Camp: soccer, cheerleading, football, basketball clinics (grades preK4-6)

HEALTH INFORMATION

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder or carried by the camp leader when your child travels on field trips.

Child's Doctor's Name: _____ Phone Number: _____

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

Food: _____

Medication: _____

Other: _____

Medications (including Inhalers): Yes No

If your child must take medication while at camp, please note here. All medications must be in their original containers and be appropriately labeled. Please do not give your camper's medication to them to bring to camp; medications must be received and held by the camp office or with the camp director.

Does your child know how to swim? Some of our camps will include a trip to a local swimming pool.

Yes No

Additional health and behavioral information: Please provide any additional information to assist us in providing the best camp experience for your child.

Is your child up-to-date on all state-required immunizations? Yes No

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

Carrier or Plan Name: _____ Group #: _____

Photographic Release for Minors

I give Woodinville Whiz Kids/Woodinville Community United Methodist Church permission to publish in print, electronic, website, or video format the likeness or image of my child(ren). I release all claims against Woodinville Whiz Kids/Woodinville Community United Methodist Church with respect to copyright, ownership, and publication, including any claim for compensation related to use of the materials.

**It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the Whiz Kids and WCUM Church will take cautionary steps to provide minimum identifying information and will not use a specific street or mailing address, email address, or phone number(s).*

Permission to Transport

I give Woodinville Whiz Kids/Woodinville Community United Methodist church permission to transport my child for identified field trips. I/We understand that risks are inherent in transportation and am/are willing to assume those risks and to release Whiz Kids, WCUMC, its staff, members, and volunteers from liability for any injury to the person and/or property of my child arising out of his/her participation in the above activity.

Medical Release

I hereby give the staff of Woodinville Community United Methodist Church permission to see that my child, receives any medical attention he/she may need while participating in Woodinville Whiz Kids. I also release Woodinville Community United Methodist Church and its staff of any liability not caused by their negligence during the above activity. This includes the following:

- The power to seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- The power to authorize medical treatment or medical procedures in an emergency situation.

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, I hereby give Woodinville Community United Methodist Church permission to act on my behalf in seeking and administering medical treatment should it be deemed necessary or advisable for the registrant's health, safety and/or welfare.

Signature of Parent/Guardian of Minor

Date

Participant name

FOR OFFICE USE ONLY

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PROCESS DATE:

CAMP FEE:

Yes No

Type of payment:

Cash

Check

Credit/Paypal

Staff Initials: _____