

## Destiny Church Children's Registration Form

Full Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# (\_\_\_\_\_) \_\_\_\_\_ Family Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

Mother's Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

My Child may ONLY be picked up by.....

\_\_\_\_\_  
\_\_\_\_\_

My Child may NOT be picked up by .....

\_\_\_\_\_  
\_\_\_\_\_

### T-Shirt Order

Size \_\_\_\_\_ Group \_\_\_\_\_ PAID? \_\_\_\_\_

### Model Release

To promote, evaluate, or otherwise describe Destiny Church's programs and activities, I give permission to Destiny Church of Cheyenne, WY, and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which my child, \_\_\_\_\_ may appear, to use and cite any comment(s), verbal or written, made by him/her about the program, and to use his/her name in connection with any publication and in such manner as determined by Destiny Church of Cheyenne, WY.

X (Parent Signature) \_\_\_\_\_ Date \_\_\_\_\_

### Parent Permission

I, \_\_\_\_\_, do hereby give my permission for my child, \_\_\_\_\_, to participate in the programs and activities of Destiny Church, its weekly meetings, activities, and events.

X(Parent Signature) \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH INFORMATION**

**In case of medical emergency, please contact:**

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Insurance Information: \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Doctor's Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, is there anything the camp health personnel or the doctor should know? \_\_\_\_\_

**If the camper suffers from any of the following, please identify.**

\_\_\_ Heart Trouble \_\_\_ Diabetes \_\_\_ Skin Trouble \_\_\_ Fainting spells \_\_\_ Lung trouble \_\_\_ Ear Trouble \_\_\_ Sinus Infection

\_\_\_ Allergies (specify) \_\_\_\_\_

Medication Allergies \_\_\_ Yes \_\_\_ No (specify) \_\_\_\_\_

**Food Allergies** \_\_\_ Yes \_\_\_ No (specify) \_\_\_\_\_

Is camper allergic to insect bites? \_\_\_ Yes \_\_\_ No (specify ) \_\_\_\_\_

Explain any other health problems \_\_\_\_\_

Does the camper require medication like shots, drugs, or anything requiring control? \_\_\_ **\*\*\*Yes** \_\_\_ **NO-**

**\*\*\*IF SO, THEY MUST BE TURNED IN TO CAMP NURSE FOR DISPENSING**

Name of medication (s) in ORIGINAL PRESCRIPTION BOTTLE ONLY \_\_\_\_\_

My child can take the following medications if needed (please circle) Ibuprofen Tylenol Cold-medication Allergy-medication Laxative Anti-diarrheal

**MEDICAL & LIABILITY RELEASE**

Registrant's Full Name (Please print.) \_\_\_\_\_

I assume full liability of hazard and risk for myself (or my child) during this year's summer camp. I give permission for hospital, medical center staff, or camp nurse to administer any necessary treatment immediately to my child should I he/she be sick or injured during 2017 any event or activity. I do not hold Destiny Church of Cheyenne, WY, nor its respective officers and staff responsible for any injury as a result of my (or my child's) participation in the 2017 Summer Camp.

**X (Parent Signature)** \_\_\_\_\_ **Date** \_\_\_\_\_