



LEGO...and Let God: Building Your Faith Brick by Brick

July 15, 16, & 17 9:00am-Noon

Registration

Camp is for students going into Kindergarten through 12th grade.
Cost is a \$20 donation per student. Form must be returned by June 15.

First Participant's Name: _____

Age: _____ Grade going into in August: _____ Allergies or special needs: _____

Second Participant's Name: _____

Age: _____ Grade going into in August: _____ Allergies or special needs: _____

Third Participant's Name: _____

Age: _____ Grade going into in August: _____ Allergies or special needs: _____

Parent/Guardian Name: _____

Best phone: _____ Email: _____

Emergency Contact #1: _____

Best phone: _____ Relationship to student: _____

Emergency Contact #2: _____

Best phone: _____ Relationship to student: _____

If a participant is not a driver, who else may pick up student at end of camp each day:

Name: _____ Best phone: _____ Relationship: _____

Name: _____ Best phone: _____ Relationship: _____

CALVARY UNITED METHODIST CHURCH CAMP LIABILITY WAIVER

I give permission for my child(ren) to attend the "LEGO and Let God" Camp at Calvary United Methodist Church at 575 W Northfield Dr, Brownsburg, Indiana 46112 on July 15, 16, and 17, 2024. This consent form gives permission to seek whatever medical attention is deemed necessary and releases Calvary United Methodist Church in Brownsburg and its staff of any liability.

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located or reached, I give permission for the staff to authorize such treatment. I will not hold the Church, staff, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents and other listed emergency contacts.

I agree to apply sunscreen to my child(ren) before the event if I so choose and release Calvary United Methodist Church of any responsibility to do so, along with releasing Calvary United Methodist Church of any liability for sunburn should it occur during the outside activity time.

Child's Name Printed

Child's Name Printed

Child's Name Printed

Parent Signature

Parent Name Printed

Date

Parent Signature

Parent Name Printed

Date

Child(ren)'s Doctor

Doctor's Phone Number

Hospital Preference

I give permission to use photos or videos of my child(ren) taken during the camp activities for uses such as brochures, bulletins, website, videos, or slides.

Parent's Initials

If registering more than three children, please use a second form.

Office Use Only: Signed _____ Paid _____ Entered _____ Yes, second form for same family _____