

Copley Kids Summer Camp Registration

Bridge and Anchor Drives, Joppa, MD 21085

Telephones: Church: (410) 679-8700 Office: (410) 679-3352

"Camp Copley"- July 19th thru July 30th, 2010

Date: _____

Name: _____ D.O.B. _____

Address: _____ Tel: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Male _____ Female _____

School: _____ Grade: _____

Are you currently a member of the Copley Kids Program? Yes _____ No _____

Emergency Information

Medical Restrictions: _____

Allergies, etc: _____

Parent/Guardian: _____

(Check One) Relationship: Mother: _____ Father: _____ Other _____

E-Mail: _____

Tele: Home: _____ Work: _____ Cell: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I agree to exercise good behavior, to follow instructions, to respect others, and to conduct myself in a courteous and respectful manner.

I understand that if I fail to follow the rules of the Copley Kids Program or if I am disrespectful to the members of the staff, volunteers, or others, my participation will be either suspended or terminated.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(over)

For Parents/Guardians (Please indicate Yes or No)

_____ I understand and agree that my child **must sign in** when entering and **sign out** upon leaving.

_____ I understand and agree that my child **may not leave** the premises or the supervision of the Copley Kids Program without permission.

_____ **Transportation:** My child has permission to walk or bike to and from the Copley Kids Program when a ride is unavailable.

Remarks: _____

Alternates:

Names of persons permitted to sign out for youth:

1. _____

2. _____

3. _____

Permission:

Tee Shirt Size: _____

Periodically we will post photos of our activities on the Copley Kids website. May we have your permission to include your child's image, if applicable? ____Yes ____No

Does your child have permission to access the internet? ____Yes ____No

I/we grant permission for _____ to participate in the
(Name of Youth)
Copley Kids Program summer camp activities.

Signature: _____ **Date:** _____
(Parent/Guardian)

Helpful Comments are appreciated:

Received:

5/10 By _____ Chk.# _____ Csh _____ Sch. _____
Amt. _____