

# Sunset Kids Camp Registration Form

Tuesday, Aug. 17 - Friday, Aug. 20, 2010

**NOTE: If you've registered online, you don't need to fill out this form.**

**PRE-REGISTRATION HAS CLOSED – PLEASE BRING THIS FORM TO THE REGISTRATION TABLE ON THE FIRST MORNING OF CAMP AT 8:00 AM**

**14986 NW Cornell Rd., Portland, OR 97229**

Child's Name: \_\_\_\_\_ Age as of **Sept. 1, 2010**: \_\_\_\_\_  
Please print clearly

Child's School: \_\_\_\_\_ Circle grade below as of **Sept. 1, 2010**:

**Preschool / Kindergarten**  
**1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup>**

Child's Birth Date: \_\_\_\_\_  
Month / Day / Year

Parent/Guardian Name: \_\_\_\_\_

Street address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent's email address:  
(to communicate Kids Camp info) \_\_\_\_\_

Home phone: \_\_\_\_\_ Mom's cell: \_\_\_\_\_ Dad's cell: \_\_\_\_\_

Someone *other than parent*  
to contact in case of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #(s) where they can be reached: \_\_\_\_\_

List **ONE** friend in your child's same age group that they would like to be grouped with:

\_\_\_\_\_

Do you attend church? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, where? \_\_\_\_\_

## AUTHORIZATION FOR DISMISSAL

\_\_\_\_\_ I plan on picking my child(ren) up from Kids Camp each day.

The following people besides myself have my permission to pick-up my child(ren):

\_\_\_\_\_

I **DO NOT** want the following people to pick-up my child(ren):

\_\_\_\_\_

*I'm attaching an optional \$30 per child tax-deductible donation to help cover expenses of Kids Camp.*

**When you have filled in the above,  
PLEASE PROCEED TO THE REVERSE SIDE OF THIS FORM  
to complete your registration.**

**ALL Kids Camp Campers MUST turn in this signed form ONLY if you haven't already registered online.**

*Child's Name (first and last):* \_\_\_\_\_

**MEDICAL RELEASE**

To whom it may concern, *as Parent or Guardian of* \_\_\_\_\_, I do hereby authorize treatment under the direction of any licensed physician in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted from August 17 – 20, 2010, and only after a reasonable effort has been made to reach me by phone at the numbers listed on the reverse side of this registration form. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

**Allergies and Treatment:**

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

*Sunset is a nut-free facility, but we ask that you list **any** food allergy and you **may** be contacted regarding providing a snack for your child each day of camp. Please call the Children's Ministry Dept. if you have questions, 503.292.9293.*

*My signature below gives permission to Sunset Presbyterian Church to convert this form to a digital format for their electronic records as it pertains to the above-referenced Medical Release authorization:*

*Signature of Parent or Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

**MEDIA RELEASE**

Occasionally photos and video footage are taken during Children's Ministry events and used for promotional material. Please authorize Sunset Kids to use photos or video taken of you/your child for use in brochures, articles, websites and/or videos. At no time will event photos or video footage be used by unrelated organizations.

I grant permission for Sunset Children's Ministries to use photos and videos of myself and/or my child \_\_\_\_\_ for promotional materials.

YES

NO

(If NO, please include a photo of your child for identification purposes. We will not publish this photo.)

*My signature below gives permission to Sunset Presbyterian Church to convert this form to a digital format for their electronic records as it pertains to the above-referenced Media Release authorization:*

*Signature of Parent or Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_