

2026 Summer Camp Registration Form

Ages 6-12

PARTICIPANT INFORMATION: Must be 6 years of age and have completed kindergarten at the time of application.

Child's Name: _____ Nickname: _____

Address: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____ Gender: Male Female

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____ E-mail: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____ E-mail: _____

EMERGENCY CONTACT: List two people who **DO NOT** live at the same address or have the same phone number as a parent/guardian above. Individuals indicated as an emergency contact are also denoted as an authorized pick-up of the above child.

	Name	Relation	CONTACT NUMBER
1.			
2.			
3.			

AUTHORIZED PICK-UP: List all individuals **NOT** listed as an parent/guardian who are authorized to pick up the child listed.

	Name	Relation	CONTACT NUMBER
1.			
2.			
3.			

UNAUTHORIZED PICK-UP INFORMATION: Legal documentation must be attached if a parent is listed.

Name: _____ Relation: _____

Name: _____ Relation: _____

ADDITIONAL INFORMATION: List any allergies and/or medical conditions known to be had by the child listed

Known allergy: _____ Reaction Exhibited: _____

Known allergy: _____ Reaction Exhibited: _____

Medical Condition (s): _____ Medications: _____

Other critical and pertinent information which will help staff better accommodate and understand the child listed

RISK ACKNOWLEDGEMENT / HOLD HARMLESS CLAUSE

I understand that only complete registration ensures my child's placement in the camp. I understand that all individuals listed as an authorized pick-up or emergency contact must have photo identification at pick up.

Signature acknowledges understanding and acceptance of the following:

WAIVER FOR PARTICIPATION: in consideration hereof, I hereby, for myself, my spouse, my children, my heirs, successors, and assigns, now and forever, release, indemnify, save, defend, and hold harmless the **MLK Family Life Center, Jesus Church of Deliverance, Triumph Christian Academy** its departments, officials, employees, and representatives from and against all claims including, but not limited to claims for personal injuries, death, fees, losses and costs resulting from or arising out of my or my child's participation in any activity sponsored, co-sponsored or run by **MLK Family Life Center, Jesus Church of Deliverance, Triumph Christian Academy**.

CONSENT TO USE PHOTOGRAPHS AND VIDEOS: Stating further, I authorize the **MLK Family Life Center, Jesus Church of Deliverance, Triumph Christian Academy** to take photographs, audio and video recordings of me and/or my child at the camp for publications used in promoting **MLK Family Life Center, Jesus Church of Deliverance, Triumph Christian Academy**.

Signature of Parent/Guardian: _____ Date Signed: _____

Signature of Parent/Guardian: _____ Date Signed: _____
