



**Roots
Summer Camp
@ Camp JYC
2018**

Paid: _____
Date Registered: _____
Registration closed by July 29

Registration Form (Please use an individual form for each student)

Student Name: _____ Age: _____ Current Grade: _____

Name of Parents or Legal Guardians: _____

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

Home Phone: _____ Cell Phone: _____

Email Address: _____ Campus Attending: _____

Secondary Emergency Contact Name: _____

Phone: _____

List any allergies or medical conditions:

Bringing an Epi-Pen? Yes or No

Does your student take any medications? Please list and give time/
instructions for the medications

Total cost is \$120 per student by July 29th. (Unless registered on/before June 24th then it is \$100 per student.)

Total paid: _____ **Check** _____ **or** **Cash** _____

There is air mattresses available if needed for additional cost of \$10 _____ **(check if needed)**

I certify that my child, _____, is healthy and free of problems that could be harmful to his/her participation in the Roots Student Summer Camp (RSSC). In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the alternative emergency contact and number that I have listed above. I also give CrossTown Alliance Church permission to treat my child in the event of an emergency if I or the emergency contact cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to a local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise.

Pediatrician's Name: _____ **Phone:** _____

I give permission to CrossTown Roots Student ministry to photograph my child, _____ who is participating in Roots Student Summer Camp. I also give permission to RSSC to use the photographs of my child for promotional purposes, including but not limited to the RSSC web site, social media sites, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communications materials.

Parent/ Legal Guardian Signature: _____

Relationship to child: _____ **Date :** _____

**We Need T-shirt
sizes for each
student coming!**

Name & Size _____

Name & Size _____

Name & Size _____

