Messiah Lutheran Church's 15th Annual

MUSIC CAMP

July 21 - 25, 2008
9:00am – 4:00pm

Dress Rehearsal July 26 - 9:00am
Presentation July 27 – 8:30am & 11:00am

Martin Meets Grace

REGISTRATION

NAME of CHILD_____

School Grade Entering_____ T-Shirt Size_____

BRING A SACK LUNCH EVERY DAY

Circle One: My child WILL / WILL NOT be able to participate in the presentation of the musical on Sunday morning, July 27.

CONTACT PARENT NAME(s)_____

PHONE_____(Home)_____(Other)

HOME ADDRESS _____

_____

DOCTOR'S NAME and PHONE NUMBER

_____

CHILD'S KNOWN MEDICAL ISSUES (allergies, etc.)

_____

I CAN
___Chaperone afternoon activities___M___T___W___R___F
___Help at lunch time.
___Help with crafts.
___Help with costumes/props.

FEE for all activities and T-shirt is $75/child. Please make checks payable to Messiah Lutheran Church and designate for Music Camp. Payment may be made with registration or put in the offering by July 20.
(Scholarships available: talk to Lois Graff or Pastor Peterson in the church office.)

Messiah Lutheran Church's

MUSIC CAMP 2008

Children (K-up) attending Music Camp will have Music, Drama, Snack, Recreation, and Craft Activities in the morning at Messiah. In the afternoon, they will be driven by bus to activities off-site. In order for your child to participate in the off-site activities, we need the following information. ***If we do not have this signed form, regrettably, your child will not be able to participate in afternoon activities.***

I, _____(parent's name) being the parent or legal guardian of _____(child's name) have been informed of the above activities sponsored by Messiah Lutheran Church and hereby grant consent for my minor child to participate in the following activities.

Monday	Bowling	YES	NO
Tuesday	First Baptist Gymnasium	YES	NO
Wednesday	Roller Skating	YES	NO
Thursday	Swimming	YES	NO
Friday	Movies (at church)	YES	NO

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Messiah Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by he minor listed on this form.

_____
Parent's Signature Date

Being the parent or legal guardian of _____(child's name), I _____(parent's name) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church will be used as the secondary coverage.

_____
Parent's Signature Date