



Me Too! Registration Form:

Additional forms can be downloaded at:
www.campkewaunee.com

Me Too! Just for 3 and 4 year old children.
Tuesdays, July 6, 13, 20 and 27; 9 - 11:30 a.m.
Registration Fee: \$5 per child

Child's Name: _____

Home Address: _____

City, State & Zip: _____

Date of Birth: ___ / ___ / ___ (remember, only children ages 3 or 4 may attend)

Special Considerations (medication, disabilities, allergies, etc.): _____

Physician's Name & Phone: _____

Parent/Guardian Name(s): _____

Home/Cell Phone: _____

Work Phone: _____ Email Address: _____

Person responsible for transportation: _____

Relationship to Participant: _____

Phone(s): _____

Registration is \$5 per child. Register on or before June 13 to receive a free t-shirt.

Please indicate shirt size: (circle one): 3T, 4T, 5/6, 7

Make check payable to: Harvest Community Church

I grant full permission for my child named above to attend 2010 Me Too! Camp at Harvest Community Church in Oak Creek, Wisconsin.

I understand that there is always a possibility that my child may sustain physical illness or injury while at camp. In order that my child may receive the proper medical treatment, I hereby authorize the camp staff to obtain or provide medical treatment for my child, and I hereby hold the staff and Harvest harmless in the exercise of this authority. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness or injury that they may sustain. I acknowledge and understand that my child is assuming the risk of physical illness or injury. I further release Harvest and its representatives from any claims for personal illness or injury that my child may sustain during camp.

I acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp. Such failure will result in removal from camp. No refunds will be given.

I understand that Harvest may take photographs and/or video footage of Day Camp activities. I agree that the church shall be the owner of and may use such photographs relating to the promotion of future camps. I relinquish all rights concerning the use of any photographs and/or video.

Signature of Parent or Guardian _____ Date ___ / ___ / ___