

Fort Hill Mission Camp: Mission Mania

Registration and Permission

Please return with your registration fee (\$90) to Mary's box in the FHOG office.
I only need one form per family if all emergency/contact information is the same!

Name:	Grade:	Can your child swim?	T-shirt size
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Medical Information:

In case of an emergency, I give my permission for the adult chaperones to make decisions regarding emergency medical care for my child/children during the Fort Hill Children's Mission Camp during the week of August 1-5, 2011. I also understand that I will be contacted as soon as possible thereafter.

Parent Signature

Date

Parent Name(s) _____

Address _____

Home Phone _____ Email _____

Work/Cell Phone _____

Emergency Contact _____

Insurance Company _____

(form MUST be accompanied by a photocopy – front and back – of your insurance card!)

Medicine you approve for your child to take (i.e., children's ibuprofen; children's Tylenol):

Allergies?: _____

Contact: Mary Gause 654-2061 or mary.gause@forthillchurch.org