

Maytown Center 2007 Summer Activities Registration & General Release Form

Registration form is good for all summer activities held on the Maytown Center property, field trips, & transportation for the remaining of 2007.



COST: The only cost are when there are off-site trips included (Six Flags, Natural Bridge, Water Weeks, Race Week, Martial Arts Week, Adventure Wee). The FEE for each trip is **\$5**. Scholarships are available. If a family has multiple children attending the same week, then the fee is \$2 for each additional child.

PLEASE PRINT

Student's Name: _____ Age: _____ Birthdate: _____ '07-08 Grade: _____

Parent / Guardian's Name: _____ Phone: _____

Additional Emergency contact #'s: _____ Email: _____

Address: _____ City: _____ Zip: _____

Health Insurance Co. _____ #: _____ None _____

List ANY medical conditions we should know about: _____

Check Allergies: __insect stings __Penicillin __poison ivy __food __other: _____

List any medicines child is taking: _____

***Please initial or check each section and sign bottom



- **Transportation:** _____ YES _____ NO

I give permission for Maytown Center volunteers/staff, CrossRoads volunteers/staff, or a church to transport my child from pick-up points and on field trips. I understand that safety precautions will be taken, but there are always risks involved when in an automobile.

- **Medical Treatment:** _____ YES _____ NO

If there is an emergency and I can not be reached, I give permission to the camp staff to seek proper treatment for my child. I further understand I am responsible for medical costs for any injuries or transportation.

- **My child can swim well** _____ YES _____ NO

- **Photo Release:** _____ YES _____ NO

I hereby authorize Maytown Center and participating organizations to use any photos of my child for articles, press releases, organizations' web sites, promotional flyers, or slide shows.

- **I understand that spots are limited for most activities and not all students may be able to attend. I also understand my money will only be refunded if the camp week is full.**
- **I understand that accidents can easily happen on the grounds or on field trips or in vehicles. I accept and assume all risks or injuries that can come from my child's involvement in these activities offered through the Maytown Center. I agree not to make a claim or sue the Maytown Center, CrossRoads Missions, Alive in the Mountains, or any of the other organizations or individuals involved in these activities, for any injuries or damages related to the camp.**

Parent / Guardian's Signature: _____ Date: _____

