



2010 (7/9/10 – 7/17/10)

REGISTRATION & PARENTAL CONSENT FORM

Name _____ Age _____ DOB _____ M or F _____ Phone _____

Address _____ City _____ State _____ Zip _____

2nd Address (if applicable) _____ City _____ State _____ Zip _____

E-MAIL (where ALL info will be sent!) _____

Parent's Name _____ Phone _____ Cell _____

Business Name/Address _____ City _____ State _____ Zip _____

Parent's Name _____ Phone _____ Cell _____

Business Name/Address _____ City _____ State _____ Zip _____

Emergency Name _____ Phone : _____

Address _____ City _____ State _____ Zip _____

Medical Insurance _____ Policy ID _____ RX Insurance _____ Policy ID _____

(Please include a photo copy of card (s) with this application)

With whom child may be released to at time of pick up (include address and phone number of person if different from parent):

How many previous years at Camp Pike? _____ Current Grade _____ School _____

Current Church Attending _____ T- Shirt Adult size _____

To whom it may concern:

I, _____, legal parent or guardian of _____, gives my permission for him/her to attend Camp Pike and to participate in all activities.

We, the undersigned parents/guardians of the above named participant, grant permission for him/her to participate in all activities of Camp Pike, 2009. We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically able to participate in those activities.

We understand that the activity will include transportation by charter bus as well as the possibility of transportation via 15 passenger vans and hereby grant permission for our child to be transported as described.

We understand that the activity does present risk of injury or even death to the participant and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant.

We also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees and representatives against any claim or liability arising as a result of such conduct.

If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

Father/Mother/Legal Guardian

Date

Total Cost: \$725 Middle School \$750 Senior High \$775 Wilderness

Deposit Due with Application: \$200 Balance and Health Form Due by June 10th

(There will be a \$25 late fee which will be applied to the Camp Pike Scholarship fund)

***Checks should be made out to Camp Pike/FUMC ***

Please return application to FUMC Coppell main office or mail to:

420 S Hertz RD

Coppell, TX 75019

Any questions please contact Doug or Kim Heaton at 972-462-1054 or at camppike@gmail.com