

2010 Adventure Camp Registration
Wakeshma Community Church- 16732 East UV Ave, Fulton MI 49052
269/729-5431 shannon@wakeshmachurch.com

Camp is the week of: July 26- 30th 8:45am- 12:15pm

Open to 3yrs- 7th Grade -fall 2010

Campers Name: _____ • Male • Female

Grade in the Fall 2010: _____ Age: _____ Home Number: _____

Address: _____

City/State/Zip

Fathers Name: _____ Mothers Name: _____

Cell #/contact #: _____ Cell #/contact #: _____

Emergency Contact: _____ Phone number: _____

Home Church: _____ EMAIL ADDRESS: _____

T-Shirt Size: Youth S (5-6) M (8-10) L (10-12) / **Adult S M L XL**

Mini-Camp: _____ My Child is between the ages of **3yrs old and Kindergarten (in the fall)** and will participate in mini-camp. There are no workshop choices for this age.

*(For children **1st grade-7th grade (in the fall)** choose 3 workshops your child would like to participate in- numbering them in priority. Depending on the number of registrations received we will place them in **one** of their 3 choices. We cannot guarantee first choice but early registration will help your child get their first choice!)*

Your child may choose up to 3 choices between sports and arts workshops.)

Sports Camps: (marking them in order of desire 1, 2, 3)

_____ Football _____ Soccer _____ Basketball _____ Fishing
_____ Cheerleading _____ Parking Lot Hockey _____ Kickball _____ Volleyball _____ Stomp/Dance

Arts Camps: (marking them in order of desire 1, 2, 3)

_____ Crafts _____ Sewing _____ Cooking _____ Drama _____ Scrapbooking
_____ Knitting/crocheting _____ Chess _____ Metal Working _____ Kite Making/Flying
_____ Photography _____ Jewelry Making

Health information:

Please list all allergies or health information that we would need to know about:

Insurance Information: Company: _____ Policy #: _____

Name of primary holder: _____

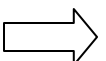
Authorized Pick-Up: (If you are unable to pick up your child from camp)

Name: _____ Phone Number: _____

Do you need picked up or dropped off? ___ Yes ___ No

(We will have rides available **if in need**-prior arrangements **MUST** be made)

*** Registrations are Due by June 6, 2010**



Adult Volunteers and Donations

____ Yes- I would love to volunteer at camp. A specific area that would be great to work in would be _____.

Name & Contact information: _____

Last year many offered to help with cost of camp: If you would be interested in donating money towards camp please enclose a check written to **Wakeshma Community Church**. You will be sent a receipt for your tax information. (Thank you in advance!)

If you would like to be contacted about donating specific items, please list your contact information below.

Consent for Use of Photographs:

- I hereby authorize and give full consent to Wakeshma Community Church to use all photographs in which my child appears while involved in the ministries here at Wakeshma Community Church.
- I do not authorize the use of my child's photographs.

Release for Minors: In signing this document, I hereby certify that the above information is correct; for the release of medical records in case of illness or injury; and for the camp personnel to perform routine medical treatment. My child has permission to engage in the camps activities excluding _____. In the event that I cannot be reached, I give permission to the physician selected by Wakeshma Community Church to give emergency medical treatment.

Signature of parent/guardian: _____

Date: _____

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Questions?

Contact Shannon at
269-729-5431 Church office
269-778-3777 Home
Shannon@wakeshmachurch.com

Need a registration form for someone else?
Download one (or more!) at
WakeshmaChurch.com

Remember to bring a friend to camp!