

DEEP FREEZE 2010

Registration & Emergency Release Form

* A \$50 non-refundable deposit is due with this form by Dec 10, 2009. The full payment of \$150 is due on Jan 3, 2010. Full and partial scholarships are available, contact Kelly Bishop.

Kelly@sudbury-umc.org

Student's Name _____

Grade _____ Date of Birth _____ Gender _____

Emergency Contact Info:

Contact #1

Contact #2

Name _____

Name _____

Relation to Student _____

Relation to Student _____

Phone # _____

Phone # _____

Please list any allergies or medical conditions _____

All prescription medication must be sent in the original container with prescription and dosage instructions clearly labeled.

Medical insurance Information:

Insurance Co. _____ Policy # _____

If group policy, name of group (employer) _____ Policy # _____

CHECK ONE:

- I have enclosed my non-refundable \$50 deposit
- I have enclosed the full payment of \$150
(If balance is not paid in full by Jan 3, 2010 the spot may be forfeited)

I _____, have read this form and confirmed the information entered. I accept the terms and conditions as stated in the *Youth Program Information Sheet*. I give permission for my child to participate in DEEP FREEZE 2010 at Camp Berea, under direction of the Youth Staff. I also give permission for the Youth Staff to authorize medical treatment for my child in case of emergency by and under the recommendation of qualified medical personnel.

(Signature of Parent or Guardian)

(Date)