

KAMP KNOX - GOES ON A HIGH SEA'S ADVENTURE REGISTRATION FORM

**Knox Presbyterian Church Georgetown
August 16-20 2010 9:00 AM to 12:00 PM**

All children are welcome from Kindergarten to grade 6

Child's Name: _____ **Date of Birth:** _____ **Grade:** _____

Parent's name _____

Address _____ **City** _____ **P.C.** _____

Phone# (Home) _____ **(Work)** _____ **(Cell)** _____

Email address: _____

In case of an emergency we can also contact (Name and number)

Child's Health Card # _____

Known Allergies: _____

Special Medical Conditions or medications of which Kamp Knox Staff should be aware:

Is there anyone we should consider putting your child with. _____

I give permission for my child to participate in Kamp Knox VBS Program. In the event of a medical emergency, I give my permission for the staff of the VBS program to seek medical attention for my child.

Date: _____ **Signature:** _____

Photo-Video Permission:

I give permission for images of my child, captured during the VBS program to be used solely for the purposes of Knox Presbyterian Church promotional materials and craft

Yes: _____ **No:** _____

Mailing List Permission:

I give permission for my child to be put on a mailing list to be used solely for the purposes of Knox Presbyterian Church Georgetown children's programs, such as early notification of VBS, etc.

Yes: _____ **No:** _____

Would you like to volunteer? Yes (please circle and we will contact you)

Cost: \$10 per child

Where there are more than two children from the same family \$10.00 for the first 2 and \$8.00 for the rest.

Kamp Knox Use: Group Name: _____ **paid:** _____