

Adventure Day Camp 2017

Horace Johnson Boy Scout Camp, Island Lake – Busing Provided

Monday, July 24 – Thursday, July 27

10:00 am to 3:15 pm

Please complete and return one registration and health form for each camper

Eligible campers are those finishing kindergarten through 7th grade

TWIN PORTS UNITED METHODIST MINISTRIES: ASBURY, FAITH, FIRST, FORBES, HILLSIDE, HOPE, LESTER PARK, and NORTON PARK UNITED METHODIST CHURCHES *present...*

Camp Out with Jesus!

*CANOEING *ARTS & CRAFTS

*STORY/DAMA *SWIMMING

*SNACK *GAMES

*EXPLORATION STATION



REGISTRATION

Please Print

Camper's Name: _____ Birth Date: _____ Grade (2016-17): _____

Address: _____
Street City State Zip

Family E-mail Address: _____

Church Affiliation: (*circle one*) Asbury Faith First

Forbes Hillside Hope Lester Park Norton Park

None Other: _____

If applicable, write the name of another camper(s)

with whom your child would like to be grouped:

T-shirt Size: (*circle one*) Youth Small/4-6 Youth Medium/8-10 Youth Large/12-14

Adult Small Adult Medium Adult Large Adult XL

Extended Care = *Supervised play at Hillside UMC before and after camp.*

Will your child need Extended Care: Yes No

If "Yes" please circle all the days morning care is needed.

Morning (7:30a – 9:30a): Monday Tuesday Wednesday Thursday

Now circle all the days afternoon care is needed.

Afternoon (3:30p – 5:30p): Monday Tuesday Wednesday Thursday

IMPORTANT NOTICE: *Children utilizing Extended Care need to be dropped off AND picked up at Hillside UMC in person by the adult designated to do so on the Daily Sign-in Sheet. (1801 Piedmont Avenue, Duluth, MN 55811)*

Parent(s)/Guardian: _____

Home Phone: _____ Work: _____ Cell: _____ Other: _____

ADVENTURE DAY CAMP HEALTH FORM

Emergency Contact Information

Name: _____ Phone/Cell: _____ Relationship to Child: _____

Allergies/Special Needs (Check all that apply)

	Specific Allergen	Symptoms of Reaction	How to Treat
_____	Foods	_____	_____
_____	Medicines	_____	_____
_____	Pollens	_____	_____
_____	Bee Stings	_____	_____
_____	Other Special Needs	_____	

Date of Last Tetanus Immunization (usually at start of Kdgn): _____

Will you be sending any medications to camp with your child? If so, please list them here:

Permission to Participate

As a parent/legal guardian of _____, I give permission for my child to be involved in Twin Ports United Methodist Ministries' Adventure Day Camp Day Camp.

I/We understand all reasonable safety precautions will be taken at all times by Twin Ports United Methodist Ministries and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Twin Ports United Methodist Ministries, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Health/Med. Ins. Co.

Policy Number

I **GIVE** or **DO NOT GIVE** (circle one) my permission for Adventure Day Camp Officials/United Methodist Church Leaders to include my child(ren)s photo or photo-likeness in picture displays as well as videography from ADC 2017.

Preferred Hospital: St. Luke's Hospital
(Circle one)

Essentia (St. Mary's Hospital)

ADVENTURE DAY CAMP FEE STATEMENT

PLEASE COMPLETE AND RETURN ONE FEE STATEMENT PER FAMILY

Registration Item	Fee	<i>Please write in fee for desired items.</i>
Adventure Day Camp/Registration for Camper 1 Name: _____	\$40.00	
Adventure Day Camp/Registration for Sibling Name: _____	\$30.00	
Adventure Day Camp/Registration for Sibling Name: _____	\$30.00	
Adventure Day Camp/Registration for Sibling Name: _____	\$30.00	
Extended Care/Morning Sessions (7:30a - 9:30a) <i>Same price for one morning or four!</i>	\$5.00 per child	
Extended Care/Afternoon Sessions (3:30p – 5:30p) <i>Same price for one afternoon or four!</i>	\$5.00 per child	
	TOTAL Enclosed	\$

~ *Please inquire at your church office for camp scholarship information.*

~ *Make checks payable to: Adventure Day Camp*

~ *Mail completed registrations and payment to:*

**Hillside United Methodist Church
Attention: Julie Manisto
1801 Piedmont Avenue
Duluth MN 55811**

~ *Questions? Contact Adventure Day Camp Director:*

**Rev. Joel Certa-Werner, 715-394-9608
pastor@superiorfaithumc.org**



For office use only:

Date Received _____ Time _____ Cash or Check (No. _____) By: _____