## PRESBYTERY OF COASTAL CAROLINA E<sup>3</sup> Learning Fair Child Care—Ages 4-12 years September 17, 2015 REGISTRATION FORM

Please mail \$10 per child with this registration form to the Presbytery of Coastal Carolina, 807 W. King St., Elizabethtown, NC 28337

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Name:		
Address:		<del>-</del>
Sex: Age: Birth date:	Grad	de:
Parent/Guardian Name:		Phone #
Address:		
Church:	City:	
Child's Health History Form Allergies:Asthma,Hay Fever,Insects, Drugs		
Special needs:		
I also understand that reasonable measures w I will be notified I the case of an emergency. I appropriate camp personnel to call a physician anesthesia, x-rays, or surgery. I also give per authorization, I am attesting to the fact that I ha I also understand that camp staff may adminis (Tylenol), Ibuprofen (Advil), calamine lotion, ar	will be taken to some per hereby give per to administer mission for the ave read it and ster over the cound other medical	e emergency care, which may include injection, e release of medical records. By signing this d understand it.
Signature:Alternate Contact:	Date:	Phone:
Insurance Company:Company address:	F	Policy # Company Phone:
Release to Participate and Picture Releated I hereby give permission for my child to participate and arts & crafts. Some activities may be held participants. I also give permission for my child to participants.	ase: pate in the chile h and well-bein outside unless ld's photo or lik	ld care program and I understand that reasonable ng of my child. Activities will include field games

Signature:

Date: \_\_\_\_