



# L.I.F.E.

## Youth Summer Camp

**Camp Dates:** June 16 - July 30, 2015

**Hours of Operation:** Tuesdays, Wednesdays, and Thursdays 8:45 am - 2:45 pm

**Grades:** Kindergarten thru 8<sup>th</sup>

**Registration Fee:** \$35 per child (transportation is available for an additional \$15 per child for the entire summer)

<b>Participant Information</b>	
Please complete a registration form for <u>each</u> child	
<b>Full Name:</b>	
<b>Age:</b>	<b>Date of Birth:</b>
	<b>Grade:</b>
<b>Parent/ Guardian:</b>	1. 2.
<b>Address:</b>	
<b>Phone Number:</b>	Cell: _____ Home: _____
<b>Email Address:</b>	
<b>Medical Information</b>	
In case of Emergency who shall we contact if we are unable to reach a primary parent/guardian?	
<b>Name:</b>	<b>Phone #:</b>
<b>Name:</b>	<b>Phone #:</b>
<b>Doctor:</b>	<b>Phone #:</b>
<b>Located at:</b>	
<b>Allergies:</b>	<b>Medications*:</b>
<small>*Staff will not be responsible for administering medications.</small>	
We will be utilizing the J.V. Brown Library. <b>Does your child have a library card?</b> If not, please complete the additional library card application and return to camp staff.	
<b>Transportation:</b> Please circle below your child(ren)'s transportation arrangements.	
<b>I will be responsible for the drop off/ pick up of my child(ren)</b>	<b>My child will need transportation</b> <i>Please include the additional fee of \$15</i>
<b>Additional Information you feel staff should be aware of:</b>	



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### Parent/Guardian Authorization for Participation

In order for your child to participate in the LIFE CAMP at CCWC please sign the authorization statement. **(Please initial next to each statement)**

#### Safety and Behavior

I understand that my child's safety and the safety of those around him/her depends largely on my child's own behavior and actions. Any participant who does not comply with the safety standards may be subject to dismissal.

I understand that the presence of program staff does not relieve my child of the responsibility of behaving appropriately, following instructions, dressing appropriately, and acting in a manner that does not put him/herself or others in danger. I further agree to encourage my child to follow LIFE Youth Summer Camp rules and guidelines including staff or supervisor instructions.

#### Medical Attention

I understand that every precaution is taken to secure the safety of each participant; however, in case of accident, I give permission for Christ Community Worship Center and LIFE Summer Youth Camp staff to seek medical attention and understand I am responsible for the cost of care.

#### Transportation

I give LIFE Youth Summer Camp staff permission to transport my child as needed to recreational activities. I understand that this transportation may be in a Christ Community Worship Center vehicle or walking to a nearby location.

#### Photo/media Permission

I give LIFE Youth Summer Camp staff permission to take and use photos of my child for the sole purpose of program marketing and publicity.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

For office use only			
Date Received:		Registration fee Received:	Yes No (circle)
Group Assignment:		Registration Amount Paid:	

Under the auspice of Christ Community Worship Center - Pastor Marwin C. Reeves, Jr.  
Address: 436 West Fourth St. Williamsport, PA 17701 Phone: (570) 322-7141