

# 2008 KID'S WORSHIP ARTS CAMP APPLICATION

(for children entering 2<sup>nd</sup> - 6<sup>th</sup> grade)

**PLEASE PRINT NEATLY**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Name City/State Zip Code

Telephone: \_\_\_\_\_ Day \_\_\_\_\_ Evening

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: 7 8 9 10 11 12 Gender: M / F

Grade in School (Fall of 2008): \_\_\_\_\_

**Choose T-Shirt Size:** CHILD S(6-8) M(10-12) L(14-16)  
ADULT Small(10) Medium(12)

## **PARENTS/GUARDIANS INFORMATION (To be filled out by parent/guardian):**

Father or Guardian Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Name City/State Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother or Guardian Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Name City/State Zip Code

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **CHURCH INFORMATION:**

Home Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Do you attend church regularly? \_\_\_\_ Yes \_\_\_\_ No

**Health Record - Please fill out completely, no child will be admitted without a completed health record.**

Emergency Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Health Problems / Limitations: \_\_\_\_\_

Food Allergies \_\_\_\_ Yes \_\_\_\_ No Please list any food allergies: \_\_\_\_\_

My child may be given: Tylenol, Benadryl or Ibuprofen as deemed necessary. \_\_\_\_ Yes \_\_\_\_ No

Please list medication being brought to camp. (List reason for and dosage of each) \_\_\_\_\_

**Medical & Liability Release:**

You have my permission for my child to attend camp and participate in its activities. I, acting on my own behalf, also release The Mission, its agent, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of any participation in the Worship Arts Camp. I am aware of the risks associated with participating in camp and accept my child's participation with full awareness of these risks.

I authorize The Mission to use our child's likeness in photographs or video in any and all of its publications and in any and all other media. We will make no monetary or other claim against The Mission for the use of such photographs or video.

I understand that while the above named student participates in the Kids Worship Arts Camp, he or she is responsible to abide by the rules set forth by The Mission, and to comply with all orders and directives of supervisory personnel. Any infraction of the rules by the student can result in dismissal from the program.

Parent signature authorizes emergency treatment in the event of illness/injury when parent is not immediately available.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application Deadline - Friday, July 11, 2008.  
A \$20.00 late fee will apply after July 11.**

The Mission  
Attn. Kids Worship Arts Camp  
6391 Leisure Town Road  
Vacaville, CA 95687  
(707) 448.3124  
Fax (707) 448.4311  
Email: [swertheimer@tmvv.org](mailto:swertheimer@tmvv.org)

**Cost:**

\$140.00 per child

\$105.00/per child when registering two children

\$85.00/per child when registering three or more children

**A \$20.00 late fee will apply after July 11 per child.**

**Please make checks payable to The Mission**

**If paying by credit card, complete information:**

Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card Type: MC Visa Amex

Security Code on card: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**For Office Use Only:**

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Scholarship: \_\_\_\_\_

Coupon: \_\_\_\_\_