

summer camps play and pray registration 2014

Choose camp(s):

Giddy Up, Partner!



_____ June 3 - 7

ages 3 - 5

9:00 am - 12:00 noon

Cost is \$145

Calling All Super Heroes!



_____ July 8 - 12

ages 3 - rising first grade

9:00 am - 12:00 noon

Cost is \$145

Boogie to the Beach



_____ July 29 - August 2

ages 3 - rising first grade

9:00 am - 12:00 noon

Cost is \$145

Child's Name _____

Child's Age/Date of Birth _____ Child's Gender ____ Male ____ Female

Parent's Name _____

Email _____

Cell Phone _____ Home Phone _____

If your child currently attends preschool, list where _____ Class _____

Current Elementary School _____ Grade _____

Allergies _____

Special Needs _____

Behavioral/Emotional Concerns (*hitting, biting, fear of loud noises or certain objects, etc.*) _____

shady grove united methodist church - short pump
4825 pouncey tract road glen allen va 23054
804-360-2600 • www.shadygroveumc.net

Medical Release

In the event of a medical emergency, I understand that hospital policy requires parental permission before treatment. Therefore, I hereby give my permission for a representative of Shady Grove United Methodist Church to seek medical services for my child and for physicians to begin emergency treatment as deemed necessary.

Insurance Co. _____

Policy No. _____

Group No. _____

Signature of Parent/Guardian

Date

SGUMC Publication Release Form

In an effort to share the story and ministry of Shady Grove United Methodist Church, photographs and video and audio recordings of attendees may be used in promotional materials.

Promotional materials include, but are not limited to, brochures, newspaper and/or magazine articles, DVDs, the church's website and the church's social media presences.

Please be assured that minors will not be identified by name in any publication usage and that photographs and videos will not be tagged when used on a social media site.

By signing this release, I authorize Shady Grove United Methodist Church to publish and release photographs/recordings of my child(ren) and state that I understand that neither I nor my family will receive any form of compensation from said publication.

I also hereby release Shady Grove United Methodist Church from all claims of every kind on account of such use.

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Signature _____

Signature of Parent or Guardian if Subject is under 18 years of age

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