

# Summer Fun Days 2011 Registration

## Fayetteville First United Methodist Church

Age as of September 1, 2010\_\_\_\_\_

Age at time of registration\_\_\_\_\_

Birthday\_\_\_\_\_

Child's Name:\_\_\_\_\_ Gender:\_\_\_\_\_

Parent or Guardian with whom child lives\_\_\_\_\_

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

Is there anyone who is *not* allowed to pick up your child?\_\_\_\_\_

Emergency Contact Name/Relationship/Phone Number:

1.\_\_\_\_\_

2.\_\_\_\_\_

Is your child allergic to any medication, taking any medication, or have special medical needs or past medical history that our staff should be aware of?\_\_\_\_\_

Medical Insurance Co. Policy/Group #:\_\_\_\_\_

Doctor Name/Phone:\_\_\_\_\_

I, the parent/guardian, do grant permission for my child\_\_\_\_\_ to participate in Summer Fun Days 2011. I also give permission for my child to receive any medical emergency care and authorize the Leadership Team to obtain that care for my child when deemed necessary and appropriate. I agree to be solely responsible for the total cost of all medical care obtained on my behalf.

As a participant in Summer Fun Days 2011, I (on behalf of my child) agree to participate in the planned programs and activities. I (on behalf of my child) also agree to abide by the rules set forth by Fayetteville First United Methodist Church and the Leadership Team. I understand that the failure by my child to abide by the rules may result in being sent home.

I hereby release the Fayetteville First United Methodist Church staff, as well as all Leadership Team members, from any and all liability in connection with my participation in the programs planned for Summer Fun Days and any services provided to me by Summer Fun Days 2011 in connection with Fayetteville First United Methodist Church.

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

**Child's First and Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Days: Tuesday and Wednesday**  
**Price per day: \$15.00 per day per child**  
**Time: 9:00AM - 12:00PM**  
**Snacks will be provided**

**My child will be attending the following dates (please circle):**

June 7          June 8  
Safari Adventure

June 14          June 15  
Beach Party

June 21          June 22  
Let's Cook

July 6  
Dinosaur Day

July 12          July 13  
Bubbles, Bubbles, Everywhere

July 19          July 20  
End of the Summer Celebration

**# Of days attending** \_\_\_\_\_ **x \$15.00 = TOTAL \$** \_\_\_\_\_

*Make checks payable to FFUMC and return to Drew Greenberg*

*You must pay for total days attending upfront.*

*We do not offer refunds for missed days.*

