

One form per child

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Fitness Camp 2010: Registration

July 19-23, 2010

9:00 - noon

Cost \$25 - Checks payable to FUMC

CHILD'S NAME: _____ Date of Birth _____

E-MAIL ADDRESS: _____

MOTHER'S NAME: _____ PHONE: _____

ADDRESS: _____ CELL PHONE: _____

FATHER'S NAME: _____ PHONE: _____

ADDRESS: _____ CELL PHONE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

PERSONS PERMITTED TO PICK UP CHILD (please list): _____

OTHER FAMILY MEMBERS AT CAMP (list name, relationship and age):

PHYSICAL LIMITATIONS: _____

CHURCH WE ATTEND _____

DIETARY NEEDS (Allergies, etc.): _____

AGE GROUP: As of **9/1/09**

| | |
|-----------|-----------|
| K | 3rd Grade |
| 1st Grade | 4th Grade |
| 2nd Grade | 5th Grade |