Science Camp

presented by Westwind Church

August 2-5, 2010

9:00 am - 2:00 pm
For kids ages 6- 11
Cost - $30.00/child

1) Child's Name: _____Sex: ☐ M ☐ F

Birthday: ___/___/___ Grade in '09 – '10: ___ T-shirt Size: ___

2) Child's Name: _____Sex: ☐ M ☐ F

Birthday: ___/___/___ Grade in '09 – '10: ___ T-shirt Size: ___

3) Child's Name: _____Sex: ☐ M ☐ F

Birthday: ___/___/___ Grade in '09 – '10: ___ T-shirt Size: ___

Parent/Guardian Name:
_____

Best phone number to be reached during camp: (____)_____

Address: _____
City: _____ Zip Code: _____
E-Mail address: _____
Church you attend: _____

Should the parent or guardian (primary contact) not be available, whom should we contact (secondary contact) in case of emergency?

_____ _____
Secondary contact Secondary Phone

For office use only

Date rec._____ Payment_____ T-shirt _____

GENERAL EMERGENCY MEDICAL TREATMENT
(Authorization to consent of Emergency Medical Treatment)

I, the (Parents), (Guardians) of the child(ren) listed on this form, do hereby authorize the sponsor representing Westwind Church of Waukee, Iowa, in order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of registered events. I hereby authorize the staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the event, and I hereby hold the event staff and Westwind Church, as well as it's representatives, harmless in the exercise of this authority.
It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospital judgment deemed advisable.
This authorization is to be effective for the scheduled events unless revoked in writing by said sponsor.
It is understood that, as parents or guardians, we are responsible for all medical costs and (I) (We) will not hold Westwind Church of Waukee, the sponsor, any officer, drivers, or helpers liable for medical aid rendered to (my), (our) child(ren).

Name of Family Doctor _____
Phone _____ Insurance Company _____
Member Policy #_____

List all known allergies
_____

Westwind may use any photos of my child in brochures, website, and any other promotions.

_____
Parent or Legal Guardian's Name (Please print)

_____
Signature of Parent or Legal Guardian Date

Additional forms are available on our website at www.westwindchurch.org