



ATHENS: Paul Shares the Truth

AGES: 8 weeks - PreK-4

M-TH July 22-25, 2019 9am-1pm

**Camp Cost: \$85* first/second child
\$75* additional children**

(*Price will increase on June 24 to \$100 per child)

Please complete a signed form for **each** child registering.



Pay online
or by check to UBC
www.ubc.org

Child's Name: _____ Gender: M F
 Birthdate: _____
 Parent/Guardian Name(s): _____
 Address: _____ City/State/Zip: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ E-mail: _____
 Name of Home Church: _____
 Emergency Contact Person (other than parent): _____
 Phone Number: _____ Relationship: _____
 Physician's Name: _____ Phone Number: _____
 Known Allergies: _____ Medical Conditions: _____
 Is your child completely potty trained? Yes _____ No _____
 Will your younger child take a nap? Yes _____ No _____

FINANCIAL AGREEMENT

Payment in full will reserve your child's place in Play Days. Cancellation will result in a \$25.00 non-refundable charge.

PHOTO RELEASE By registering, I realize that my child's picture may be used in future UBC print and website promotion and publicity.

Medical Care & Medical Information Authorization

TO THE ATTENDING PHYSICIAN, HOSPITAL AND STAFF:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of UBC to perform necessary care for the welfare of my child until such a time as you are able to reach us personally.

Parent/Legal Guardian: Printed Name _____ Signature _____ Date _____

Witnessed by: Printed Name _____ Signature _____ Date _____

Liability Release

I, _____, do hereby release, absolve, indemnify and hold harmless UBC, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to me or the above named persons arising out of our participation in church sponsored events. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I also acknowledge that insurance UBC may carry is secondary to my personal insurance.

Parent/Legal Guardian: Printed Name _____ Signature _____ Date _____

