

DAYSPRING CAMP REGISTRATION-PRESCHOOL AGES

June 19 thru June 22, 2023

ST. JOHN UNITED METHODIST CHURCH

4536 Teays Valley Road, Scott Depot, WV 25560



Preschool Ages: 4 & 5 Years old

Time: 9:00 am - 12:30

** Breakfast will NOT be served.

*** Lunch and Snacks WILL be provided

REGISTRATIONS MUST BE RETURNED NO LATER THAN JUNE 12TH!!

PLEASE SUBMIT this form by clicking the **SUBMIT BUTTON** on last page or EMAIL to sjumcwv04@gmail.com or BRING TO ST. JOHN UMC CHURCH OFFICE MONDAY thru THURSDAY, 10AM - 2PM

I have read the DAYSPRING GUIDELINES FOR CHRISTIAN LIVING AND AGREE TO HONOR AND ABIDE BY THESE POLICIES SET FORTH. MY SIGNATURE AND DATE ACKNOWLEDGE MY AGREEMENT OF GUIDELINES.

DAYSPRING GUIDELINES FOR CHRISTIAN LIVING

Our goal is to provide a safe, inclusive, affirming, and positive environment that models Christian community for all campers. We ask that campers refrain from profane language, abusive behavior, destruction of or damage to camp/church property or the property of other campers, and use of tobacco, alcohol, and illegal substances. We do not tolerate bullying or harassment of or by campers, staff, or volunteers for any reason.

If a camper is unable to function within these guidelines, our staff will take actions in the best interest of the campers and the program. Campers will be held responsible for their actions and/or any damage to the property of the camp, church, or others. If your camper requires special behavioral accommodation, please advise us of those needs before arrival at the DaySpring location.

***C1/ Mobile Challenge Course**

I grant permission to DaySpring Mobile Camp (Spring Heights Camp and Retreat Center) that my child may participate in any mobile challenge course activities: Lows and/or Portable. I understand that these activities may cause injuries.

I have read this liability release and give permission for my camper to participate.

I have read this liability release and I DO NOT give permission for my camper to participate in the challenge course.

***C1/ Aquatics Acknowledgement- Waiver and Release of Liability**

I understand that swimming and other aquatic activities involve certain risks, including but not limited to death. I grant permission for my camper to participate in aquatic activities, knowing the danger involved, and agree to accept all risks of property damage, personal injury, or death. My camper has a personal responsibility to follow any safety rules and procedures established by the camp and generally associated with swimming and other aquatic activities.

() I have read the liability release and give permission for my camper to participate in aquatics activities.

() I have read the liability release and DO NOT give permission for my camper to participate in aquatics activities.

***C1/ Media Release**

I grant permission to DaySpring Mobile Camp (Spring Heights Camp and Retreat Center) and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for publication, promotion, illustration, advertising, or trade, in any manner or any medium. I release Spring Heights Camp, St. John UMC and Retreat Center (DaySpring Mobile Camp) and its legal representatives for all claims and liability relating to said images or video. I waive my right to any compensation.

() Yes

() No

***Please sign to acknowledge that you have read and responded to the camp waivers.**

Enter your name below. By typing your name and signing in the area below you are verifying your name and date of this signature.

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE (mm/dd/yyyy)

PLEASE COMPLETE REMAINING REQUIRED FORMS TO COMPLETE REGISTRATION)

REGISTRATION ENROLLMENT

Full name of child _____

Name child is called _____ Birthdate: ___/___/___

Full name of father _____

Full name of mother _____

Mailing address:

Street or Box	Town	zip code
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E-Mail Address: _____

Home Phone: _____ Cell-phone: _____

Known Allergies: _____

Please list any allergies (especially food) your child has:

Emergency names and phone numbers (other than parents):

Physician: _____ Phone: _____

Friends or relatives:

Name: _____ Phone: _____

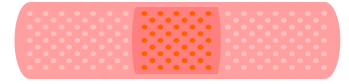
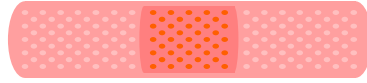
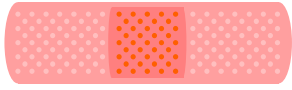
Name: _____ Phone: _____

Names, relationship, and phone numbers of persons other than parents to whom we may release your child.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____



Emergency Treatment

In the event of an illness or accident, which requires immediate medical treatment at a time when a parent cannot be located, I give permission for DAYSPRING CAMP/ST. JOHN UMC personnel designated by the director, to authorize such treatment. I will not hold DAYSPRING CAMP or ST. JOHN UNITED METHODIST CHURCH medical personnel responsible. This is done with the understanding that every attempt will be made to contact the parents/legal guardian, the child's physician, and other persons listed for emergency contact.

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PRINT NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE (mm/dd/yyyy)