

Summerfest 2010 Journey to the Incredible

August 9 - 13; 9a.m. - Noon

Registration Form

Please use
a separate
form for
each child.

Child's name _____ Grade (this Fall) _____

Phone number _____ DOB _____

Parent/Guardian's name _____

Address _____

E-Mail _____

Local church _____

Conditions that may limit activity _____

Emergency contact* _____

Relationship to child _____

Phone _____

Address _____

**(We must be able to contact the above person during Summerfest hours.)*

MEDICAL INFORMATION

**Allergies: _____ Date of last tetanus shot: _____

**** (Please provide additional information in case of a medical emergency.)**

Medications currently being taken: _____

I give permission for my above-named child to participate in Summerfest August 9 – 13, 2010 at First Congregational-Christian Church in New Gloucester, Maine. I hereby release said church, its staff & volunteers from liability for any injury or illness that my child may sustain during this event. In case of an emergency, I authorize an adult leader as agent for me, to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate), either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Parent or Legal Guardian _____

Today's Date _____

Phone #'s where you can be reached _____

Person to contact if parents are unavailable ~ Relationship to child ~ Phone #

Additional Medical Information (to be used only in the case of an emergency)

Family Doctor: _____ Phone#: _____

Medical Insurance Co. _____

Policy Number: _____ Member's Name: _____

First Congregational-Christian Church – United Church of Christ
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