# Summer Camp 2012 Registration

Please make check payable to Wesley Preschool

Session 1/ $150_____
Session 2/ $150_____
Both / $285_____
**No Refunds Will Be Issued**

Child's Name______________________________( )M ( )F Birthday__________
Last First Month/Day/Year

Address________________________________________________________________
Street City State Zip

Home Phone______________________

Father___________________________ Mother________________________________

Office Phone______________________ Office Phone___________________________

Cell Phone________________________ Cell Phone_____________________________

Email____________________________

**Emergency Contact**___________________________Phone_____________________
Other Than Parent

**List allergies or other health concerns**_________________________________________

**Does your child require an EpiPen at camp?**__________(Yes/No)

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## Consent to Participate/Medical Release

I/We________________________________________,being the parent(s), legal guardian(s)
Print Name

of_________________________________________, a minor of_____years of age, consent
Print Name

and agree that my son/daughter may participate in Camp Session 1 and/or Camp Session 2 at Wesley United Methodist Church, Vienna, Virginia, 22180 on the dates of June 4-June 8 and/or June11-June 15, 2012.

I/We consent for the Camp Session 1 and/or the Camp Session 2 leaders to secure the administration of medical treatment and/or medication for the above named child. I/We further agree to the performance of such treatment, anesthetic, and operations as in the opinion of the attending physician is deemed necessary. I also understand and agree that the Wesley United Methodist Church, Wesley Preschool, Camp Session 1 leaders and the Camp Session 2 leaders will not be held liable in the event of an accident.

Signature____________________________________________ Date__________________
Parent/Guardian

**Please Return At The Time of Registration**