

Operation Fun Registration Form

“Operation Fun is open to children who have completed Kindergarten through 12 years old”

Participating Child(ren)’s Names _____

Parent or Guardian (1) _____

Address: _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Parent or Guardian (2) _____

Address: _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Alternate Contact Person _____ Relationship to the Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

I (We) give permission for Operation Fun to secure medical and/or emergency treatment for the above named minor(s) for injury incurred during the camping day. I (We) agree not to hold Operation Fun or Memorial Presbyterian Church liable for any harm that my (our) child(ren) may incur while participating in the camp programs.

Signature(s) _____

I (We) give permission for my (our) child(ren) to participate on a daily basis in the Operation Fun summer program and to be taken on field trips supervised by Operation Fun staff. I (we) understand that Operation Fun staff will not be responsible for my (our) child(ren) before and after camp hours.

Signature(s) _____

Please list the names of anyone besides parents or contacts listed above who are allowed to pick the child(ren) up from camp. Only people listed here will be allowed to pick up the child from camp at any time. For the child’s safety, valid ID may be requested.

Is your child allowed to ride their bike to and from camp? Circle one. Y N

May we use pictures of your child for the end of the year celebration and camp publicity? Y N

Please fill out the more detailed information sheet on the back for each child.

Camper Information Form

Before participating in any camp events, campers must return this form. If there is more than one child from your family attending, please fill out a separate space for each child. This form helps us plan a more exciting camp based on our individual campers.

Child's Name: _____ Age: _____

Last Grade Completed _____ Last Teacher's Name _____

School Attended Last Year _____ Next Year _____

Name of Parents or Guardians: _____

My Child's Shirt Size is: Youth S, M, L, XL Adult S, M, L

Please give us any details about your child that may help us enhance their camp experience. Please include any special needs, allergies, medical conditions, etc.

We have read, discussed, and understand all rules and procedures with this child.

Child's Name: _____ Age: _____

Last Grade Completed _____ Last Teacher's Name _____

School Attended Last Year _____ Next Year _____

Name of Parents or Guardians: _____

My Child's Shirt Size is: Youth S, M, L, XL Adult S, M, L

Please give us any details about your child that may help us enhance their camp experience. Please include any special needs, allergies, medical conditions, etc.

We have read, discussed, and understand all rules and procedures with this child.

Additional Information Forms are available. Please see a staff member!