



2008 Summer Youth Program
REGISTRATION FORM

Participant's Last Name First Name
(please use separate registration form for each child)

Address

City State Zip

Age (as of the first day of the program) Birthdate Sex T-shirt size (child) XS S M L XL
(Circle One)

Camp Session(s) :

Session I - (May 26th - May 30th) Early care Late care

Session II - (June 2nd - June 6th) Early care Late care

Session III - (June 9th - June 13th) Early care Late care

Parent's Name

Home Phone Work Phone

Email Cell

I certify that has my permission to participate in the Martin Methodist College Summer Youth Program. I authorize the Director and staff of the Martin Methodist College Summer Youth Program to act according to their best judgment in any emergency requiring medical attention. I release and hold harmless Martin Methodist, including without limitation, its officers, directors, trustees, employees, agents and affiliates for, from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while my child is using the facilities of Martin Methodist College.

I agree to be financially responsible for all equipment checked out to my child while using Martin Methodist College facilities.

I certify that my child currently has medical/hospitalization insurance with

company, policy no.
(must be complete)

Signature Date

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Please list any medical, physical, and/or mental condition(s) your child has that might restrict certain activities. Please list any medication required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all allergies to food, medication, insect stings, etc...

\_\_\_\_\_  
\_\_\_\_\_

List other adults authorized to pick up your child.

\_\_\_\_\_

List other children you would like your child to be grouped with. (We can't guarantee that all children listed will be grouped together.)

\_\_\_\_\_

Mail complete registration form and payment to:

(Insert Address)

Amount Enclosed \$\_\_\_\_\_ (Make checks payable to Martin Methodist College)

Are you a MMC Faculty member \_\_\_\_\_ Staff Member \_\_\_\_\_ Alumnus \_\_\_\_\_

**Fees:**

\$100 children of MMC employees & alumni

\$125 children of non-MMC individuals

\$ 50 Late Care: per session (4:15 PM to 6:00 PM)

\$ 15 Early Care: per session (7:45 AM to 8:15 AM)

\$ 50 DEPOSIT REQUIRED FOR EACH SESSION. **Non-refundable.**

\*\* Full payment must be received by May 16, 2008.

If you have any questions please contact Julie Shelton at  
[jshelton@martinmethodist.edu](mailto:jshelton@martinmethodist.edu) or 931-424-7382.