Summer Camp Application



Asbury UMC Summer Camps

4257 Kearneysville Pike

Shepherdstown, WV 25443 (304) 876-8073

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s T-shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Allergies/Medical Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does child take medications?\_\_\_\_\_\_\_ If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EMERGENCY CONTACTS/AUTHORIZED PICK-UP PERSONS:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏Cell 🞏 Home

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Emergency Contact 🞏 Authorized pickup

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏Cell 🞏 Home

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Emergency Contact 🞏 Authorized pickup

**Pls Note**: You **must** notify Asbury if anyone other than regular pick up persons will be picking up your child.

**EMERGENCY MEDICAL CONSENT**

I(We) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my(our) consent for Emergency Medical Care to be provided for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by Asbury UMC Summer Camp staff while he/she is in their care.

Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: In emergencies that require immediate medical attention, 911 will be called and/or your child will be taken to the **nearest Hospital Emergency Room.** Your signature authorizes the responsible person at Asbury Summer Camp to have your child transported to that hospital.

Signature of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement**

Hours of operation: Opens at 7:30 a.m. and closes at 5:00 p.m. Starting at 5:01 p.m. you will be charged $1.00 per minute until your child is picked up. Please request more information if extended times are needed.

We, the staff of the Asbury United Methodist Church, recognize our obligation to make our students and their parents fully aware of the inherent risks and hazards associated with sports & recreational activities that we offer. Students may suffer injuries, including, but not limited to minor injuries such as bruises and more serious injuries such as broken bones, dislocations, muscle pulls and stitches. There are many other risks of injury including catastrophic injuries such as permanent paralysis or even death from back, neck or head injuries which may arise due to participation in this activity. AUMC insists that all students and their parents agree to abide by all of the safety rules and policies of AUMC. AUMC, its coaches, volunteers, instructors and staff members will not accept responsibility of injuries sustained by any participant while participating in our programs. I hereby consent to have my child participate in programs offered by the AUMC. I have read the above information and am now fully aware of the hazards and risks associated and the distinct possibility of injuries that my child may suffer as a result of participation in the sport or activity. I realize it is not possible to specifically list each and every individual injury risk, and I voluntarily assume all the risks normally incident to the nature of the activities. It is hereby agreed that I, my executors, or other representatives waive and release all rights and claims for damages that I may have individually, or that my executors or other representatives may have on my behalf, or on behalf of my child, against AUMC and/or staff of the Asbury United Methodist Church, their representatives, whether paid or volunteer, for any injuries or damages that my child sustain in connection with programs or other activities related to the AUMC. I also understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and AUMC will not be responsible for payment of any related expenses. Furthermore, it is the responsibility of the parent/guardian to notify AUMC staff of any medical conditions/special needs of a child prior to the start of class. AUMC, instructors, and staff are not responsible for your child prior to or after class time. I acknowledge that I have read and fully understand the information on registration guidelines and the refund policy. I realize inherent risks could be involved in these programs. Therefore, I shall not hold the AUMC, Asbury United Methodist Church or their employees liable for injuries that might occur during these supervised programs.

I certify by signing below, that I have read, understood, and agree to the terms and conditions outlined above.

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

Parent(s)/Legal Guardian Date

**Do not write below the line above. For Asbury Use Only**

* $110 weekly fee: 🞏 Cash or 🞏 Check # \_\_\_\_\_\_\_\_\_\_\_\_\_ Date rec’d\_\_\_\_\_\_\_\_\_\_\_\_\_\_