



# Belmont Kidz Camp

@ Belmont United Methodist Church

2701 S. Smithville Rd.  
June 17-20 6:30-8:00pm

## STUDENT REGISTRATION FORM

**Director Contact:** Rebekah Fultz, (937) 520-5525

*(Please Print)*

**1. Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

**2. Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

**3. Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

**4. Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

**5. Child's Name** \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Child's Grade \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

I, \_\_\_\_\_, give Belmont UMC permission to call for emergency services and authorize transport for medical services in the event of an emergency. I release Belmont UMC from liability in the event of accident or injury that results by participating in Belmont Kidz Camp activities.

**Photography Release:**

I (circle one) DO / DO NOT give permission to photograph.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_