

Greentree Community Church *Spring Storm 2009* Registration

Circle T - Shirt Size: Youth 10-12 14-16 Adult S M L XL XXL

Camper's Name: _____ Date of Birth: _____ Grade: _____ Circle one: Male Female

Parent/s Name/s: _____ Telephone: (____) _____ Cell/Beeper: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Physician's Name: _____ Exchange Number: (____) _____

Roommate Preference, if any: _____ Home Church: _____

In case of emergency and custodial parent cannot be reached contact:

Name: _____ Relationship: _____ Telephone: (____) _____

Camper's Health Insurance Co: _____ ID#: _____ Group #: _____

Allergies/ Medications/ Physical Limitations: _____

_____ Date of Last Tetanus shot: _____

Spring Storm 2009, *Greentree Community Church*, Medical Release Form

(Child's Name) _____ has my permission to participate in all Spring Storm activities, including travel to and from Camp Trinity. I, the undersigned, DO WITH THIS FORM RELEASE GREENTREE COMMUNITY CHURCH, THE EVANGELICAL PRESBYTERIAN CHURCH, and CAMP TRINITY AND THEIR REPRESENTATIVES FROM ALL LIABILITY for the mishap or injury to my child while participating in Spring Storm. If a health care provider determines that my child must have medical treatment before contacting me is practicable, I authorize, appoint and empower Greentree Community Church, or its representatives to furnish for me such written or oral authorization as may be required and to be responsible for all costs for any treatments or services rendered.

(Signature of parent or legal guardian)

(Date)

Return to: Greentree Community Church, 132 East Monroe Avenue, Kirkwood, Missouri 63122

Attention: Spring Storm