


Camp 4G at The Ranch

2019 Registration

completed 4th grade through
completed 6th grade

Thursday, July 11, 8:00 am - Saturday, July 13, 12:30 pm

\$65.00 per child

Registration Deadline is June 30!

Parent/Guardian Name: _____

Address: _____

City/State/ZIP: _____

Primary Phone: _____

Email: _____

PLEASE Print Email Clearly (especially the number 1 and letter L)

Signature* _____

Date _____

**Please read Release and Waiver on reverse side*

List ONLY children completed 4th through 6th grade

Name: _____ Age: _____ Grade Completed _____

T-shirt size: **Child's:** S M L **Youth:** XL **Adult:** S M L XL XXL

Medication (*Please fill out Medication Administration Form available on line.*)

Name: _____ Age: _____ Grade Completed _____

T-shirt size: **Child's:** S M L **Youth:** XL **Adult:** S M L XL XXL

Medication (*Please fill out Medication Administration Form available on line.*)

Name: _____ Age: _____ Grade Completed _____

T-shirt size: **Child's:** S M L **Youth:** XL **Adult:** S M L XL XXL

Medication (*Please fill out Medication Administration Form available on line.*)

Please fill out information on other side → → →

Return completed form and payment to Kingdom City Welcome Desk
or mail to: FUMC Children's Ministries, Attn: Camp T4G
420 N. Nevada, Colorado Springs, CO 80903

FIRST UNITED METHODIST CHURCH of COLORADO SPRINGS

Activity Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

I consent for myself and/or any child listed below to participate in **Children's Ministries programming** sponsored by First United Methodist Church (FUMC).

I understand that these activities and the facilities where they are conducted involve some inherent risks. Nevertheless, I want myself (and any listed child) to have the opportunity to participate in the activities sponsored by FUMC, and this Activity Release is given in exchange for that opportunity.

Waiver, Release, and Indemnification – I, individually, or in my capacity as parent, guardian, or next of kin of any listed child, waive, release, indemnify, and promise not to sue FUMC and all of its constituent organizations, ministers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, including the released parties' own negligence, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child. I fully assume the risks associated with participating in this activity. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts.

Medical - In case of medical need or injury, I understand that FUMC will make every reasonable effort to contact me or my emergency contact. In the event that I or my emergency backup contact cannot be reached, I authorize FUMC to arrange for medical services for me or for any listed child. I will be responsible for any medical and related expenses for me or such child. Any provider of care can rely on this document as authority to treat me or such child as appropriate and to bill me directly for the costs thereof. I understand that FUMC will hold any medication for such child until needed or scheduled, at which time it is my or such child's responsibility to inform the staff that the medication is needed. I agree that I am responsible for communicating any relevant medical conditions pertaining to me or such child to FUMC staff using the back of this form.

Photographs - I understand that FUMC may take photographs or videos of me or a listed child in the course of its activities, and I grant permission to publish such photographs in a manner FUMC deems appropriate.

Revocations - To revoke this agreement, I must notify FUMC in writing in advance of the event.

Please print the name of each child to whom this release applies:

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Preferred Hospital _____

Medical Insurance/Policy# _____

Do any of your registered children have medical conditions, special needs, allergies, or authorized medications of which we should be aware?

