

**CARLYLE FIELDING STEWART FAMILY LIFE CENTER  
RAYS OF HOPE CAMP APPLICATION**

**Camp Hours:** 9:00 AM—4:00 PM

**Cost:** \$115.00 per week (1<sup>st</sup> week and \$15 one time registration fee due at registration)  
AM Latchkey: 7:00 AM - 9:00 AM (\$5 per day), PM Latchkey: 4:00 PM - 6:00 PM (\$5 per day)

Camper's Name (Last, First, Middle Initial) \_\_\_\_\_

Address \_\_\_\_\_

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

**AM Lactchkey** \_\_\_\_\_ **PM Latchkey** \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Daytime Phone( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Daytime Phone( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Make check payable to Hope United Methodist Church. Fees must be paid with registration.**

Discount for immediate family members: A discount of \$10 will be given to additional immediate family members (siblings).

Late Policy: If a parent picks up a camper after 6:00 PM, an overtime fee of \$5 for the first ten minutes and \$2 for each additional five minutes will be charged. If the child is not registered for afternoon latchkey, these fees will be applied beginning at 4:15 PM. All late fees must be paid in cash directly to the Fitness Center Director on the day of service.

**PICK-UP/RELEASE INSTRUCTIONS**

The camper named above has my permission to be picked up by person(s) listed below. I understand my child cannot be picked up from Hope United Methodist Church by anyone except his/her guardians unless they are on this list. I understand that valid identification is required.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please attach another sheet to add more individuals.

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**MEDICAL INFORMATION**

Insurance Carrier: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Policy Number \_\_\_\_\_

**CONSENT OF MEDICAL TREATMENT**

Allergies (medicine, food, etc.) \_\_\_\_\_  
Last Tetanus Shot \_\_\_\_\_  
Medication currently taking \_\_\_\_\_  
Current Health Problems \_\_\_\_\_

Please attach any other information you feel camp staff should know.

In the event of an emergency where I cannot be reached, I hereby give permission for my child to receive the necessary medical attention for any condition or injury suffered while he/she is attending camp. I understand that I am responsible for any expenses incurred on her/his behalf in connection with treatment.

Camper's Physician \_\_\_\_\_ Physician's Phone ( ) \_\_\_\_\_  
Camper's Dentist \_\_\_\_\_ Dentist's Phone ( ) \_\_\_\_\_

If unable to contact parent, next person to contact in case of emergency:

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

**FIELD TRIP PERMISSION**

My child has permission to attend all field trips arranged by Rays of Hope Summer Camp. I understand that I will receive complete details of every trip that my child will attend.

**WEBSITE/PHOTO RELEASE**

I give permission for my son/daughter's image and likeness to be used on the Hope United Methodist Church (HUMC) website as well as in any promotional materials for HUMC, Rays of Hope Summer camp or any company that we contract to facilitate a particular camp. I understand that I will receive no compensation for the use of any photo that is use. All pictures will become the property of HUMC.

**LIABILITY/WAVIER OF CLAIM**

It is expressly agreed that all use of the Center's facilities' equipment and programs shall be untaken by a member/participant at his/her own risk, and Hope United Methodist, Carlyle Fielding Stewart III Family Life Center shall not be liable for injuries or any damages whatever, to program participants including, without any limitation, those damages resulting from acts of active or passive negligence on the part of Hope United Methodist Church, Carlyle Fielding Stewart III Family Life Center, its owners, employees, officers or agents. The member/participant, for himself or herself, and on behalf of his or her executors, administrators and assigns, does hereby expressly forever release and discharge HOPE UNITED METHODIST CHURCH, CARLYLE FIELDING STEWART III FAMILY LIFE CENTER, its successors and assigns, as well as its owners, employees, officers or agents, for all such claims, demands, injuries, damages, actions or causes of action. By signing application, member acknowledges receipt of Policies and Procedures.

By signing below, I certify that I have read and understand all of the above information.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Relationship to the child \_\_\_\_\_