

Medical Information

Family Doctor _____

Doctor's Phone # _____

Medications _____

Allergies _____

Medical Insurance Carrier _____

Insured's Name _____

Insured's ID# _____

Emergency Contact

Name _____

Phone # _____

Relationship to child _____

Consent to Give Treatment

I, _____ give Valparaiso Nazarene
Parent or legal guardian signature

Church permission to seek emergency medical/dental treatment of

_____ should the need arise.
Child's name

Clubhouse Kids Camp

For children who have
completed K-4th Grade



July 19-23

9:00 a.m.-11:00 a.m.

\$25/child

Clubhouse Kids Camp

- Clubhouse Kids Camp will run Monday, July 19 through Friday, July 23 from 9:00 a.m.-11:00 a.m.
- Our theme this year will focus on fitness, food & fun! There will be fun games, nutritious snacks, Bible lessons and much more!
- On Friday, we will take a field trip to Funflatables, an indoor inflatable play center located in Merrillville, IN. We will be taking a bus and will meet at the church at 9:00 a.m. and return at 12:30 p.m. There will be a waiver available to fill out upon registration for the Kids camp. Bring a sack lunch with you as well as a pair of socks. **PLEASE NOTE THE TIME CHANGE FROM THE OTHER DAYS!**
- Fill out the registration form for Clubhouse Kids Camp and return to Sally Wood. One registration per child. Cost is \$25 per child. Make checks payable to Valparaiso Nazarene Church.
- Registration deadline for the Clubhouse Kids Camp will be July 11, 2010.

Clubhouse Kids Camp Registration

Please complete both sides of this form.

Child's Name _____

Age _____ Gender _____

Address _____

Phone _____

School grade just completed _____

Parent's Names _____

Liability Release

In consideration for my child's participation in Clubhouse Kids Camp at Valparaiso Nazarene Church in Valparaiso, IN, I agree to release and hold harmless Valparaiso Nazarene Church (VNC) and any representative thereof for any and all claims which may arise out of my child's participation in this event. This release includes any claim for injury to my child as a result of negligence or intentional conduct by any person during the event or during travel to and from the event.

Child's Name:

Parent/Guardian Signature: _____

Date: _____