

Music, Art, & Drama Camp

Camper Registration Form

Mon.-Fri. August 4th – 8th 2025 (9:00am to NOON)

with performance Friday, August 8th (6:00pm)

for children ages 5-12

***** PRE-REGISTRATION IS REQUIRED by NOON WEDNESDAY, JULY 30th *****

Messiah Lutheran Church

4301 Mt. Read Blvd. Rochester, NY 14616 Phone:865-1866

Child's Name/Nickname: _____ **Gender: F M**

Parent / Guardian Name: _____

Address: _____ **Zip** _____

Telephone: (home) _____ **(cell)** _____ **work/ext.)** _____

E-mail address: _____

Child's Age: _____ **Date of Birth:** _____ **Last Grade Completed** _____

Child's Hair color: _____ **Eyes:** _____

Home Faith Community (if any) _____

Any special needs or circumstances for your child?

Siblings also attending MAD Camp: _____

Anyone your child would like to be in a group with, including siblings? (Groups will not be by age)

Person(s) responsible for picking up this child at the end of MAD Camp each day:

Name: _____

Telephone: (home) _____ **(cell)** _____ **(work)** _____ **E-mail** _____

Alternate Person: _____

Telephone: (home) _____ **(cell)** _____ **(work)** _____ **E-mail:** _____

Please indicate if you would like to volunteer: _____ **Availability (days, hours)** _____

How did you hear about Messiah's MAD camp? _____

(Emergency/Medical Information – over)

Child's Name: _____

EMERGENCY CONTACTS/INFORMATION:

Parent /Guardian Name: _____

Telephone: (home) _____ (cell) _____ work/ext.) _____

E-mail address: _____

(If parent/guardian cannot be reached)

Emergency contact: _____

Relationship: _____

Telephone: (home) _____ (cell) _____ work/ext.) _____

E-mail address: _____

Physician Name _____ Phone: _____

Please list any Allergies/medical needs of your child

Medications to be given at Camp: _____

All medications **MUST** be brought to Camp at the time of registration, accompanied by Doctor's orders, or they cannot be given. This includes inhalers, epi-pens etc.

Other Medical Issues: _____

(If your child has **food allergies**, please provide a snack for him/her each day.)

NOTE: We are not set up to offer 1-on-1 attention to any child. The child must be capable of working cooperatively with other campers and teachers.

I give permission for photos of my child to be posted on Messiah Lutheran Church's website and social media accounts. _____ (initials)

Consent to Treat:

This health statement is complete and true to the best of my knowledge. I also understand that this information will be shared on a need to know basis with appropriate medical personnel. I hereby give permission for the adult in charge to secure the services of a licensed physician, if necessary and to give proper treatment for any injury or illness that is deemed necessary. I also agree that Messiah Lutheran Church will not be held Liable for any injury or illness found during the duration of Camp.

Signature _____ Date _____