

# **Music, Art, & Drama Camp**

## **Camper Registration Form**

**Mon.-Fri. August 4<sup>th</sup> – 8<sup>th</sup> 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 \_\_\_\_\_