

2017 VENTURA CHEER AND DANCE CAMP

Orchard Community Church

8180 Telephone Rd. Ventura CA 93004 (805) 647-3757

Child's Name _____ Boy Girl Age _____ Birth date _____
(First name) (Last name)

Address _____ Home phone # _____
(Street) (City) (Zip)

Grade in 2017/18: _____ Attending School: _____

Shirt Size: YXS___ YS___ YM___ YL___ YXL___ AS___ AM___ AL___

Father's Name _____ Father's cell / Work # _____

Father's email _____

Mother's Name _____ Mother's cell / Work # _____

Mother's email _____

Church affiliation _____ Invited by _____

Please list who has permission to pick up your child:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

PHOTO AND VIDEO AGREEMENT: Do you give permission for Orchard to freely use photographs of your child in Orchard publications and videos, and/or to be posted on any or all of Orchard's social media sites? Yes _____ No _____

Please initial

Over →



Orchard
community church

OFFICE USE ONLY

Volunteer: Youth Parent Date registered: _____

Date paid: _____ Cash: \$ _____ Check: # _____

Class # _____ Shirt Ordered _____

Waitlist: _____

Medical Release Form

Name of event: Cheer and Dance Camp 2017

_____ has my permission to attend and participate in Cheer and Dance Camp at Orchard Community Church. I agree to waive, release, and hold harmless Orchard Community Church, its employees and volunteers from and against any and all claims, costs, liabilities, expenses or judgments and hereby agree to indemnify and hold harmless Orchard Community Church from and against all claims. I understand I will be notified in the case of a medical emergency involving my child. However, in the event I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian signature _____

Health Insurance Company _____

Policy or Group # _____

If parent/legal guardian is not available in an emergency, contact:

Name _____ Phone (____) _____

Is your child allergic to any type of medication? No ___ Yes ___, if so please list: _____

Does your child have any food allergies or food restrictions? No ___ Yes ___, if so please list: _____

Is there anything else we should be aware of (learning disabilities, fears, etc.): _____

Doctor's Name _____ Phone (____) _____

Dentist's Name _____ Phone (____) _____