

Registration Procedure & Policies for Indian Hills Summer Camp

*Your space will be held once you have completed and turned in the following:

- FPC Registration and Policies form
- FPC Medical and Liability Release
- A Check for the full amount of the Camp made out to “First Presbyterian Church”. (Discuss with Director if a scholarship or payment plan is needed)

Once your spot is held, you will be given by Peggy Gross access to a secure website run by Indian Hills. This site will open shortly and you will have 1 week to fill out all necessary forms in order to guarantee your child a spot. Spaces will be filled on a first come, first serve basis

After our spots are filled we will put your name on a wait list. To be placed on the wait list, you will need to turn in all the above information for your child. We will hold the check until we get you a spot for camp.

Please return completed registration form to one of the following:

- City Tree Office
- Peggy Gross- Christian Education Director
- Mail to: Peggy Gross 320 Date Street. San Diego, Ca 92101.

*Important note: If you need to withdraw from camp you may do so only if a replacement can be found to attend camp in your spot.

First Presbyterian Church Summer Camp Registration

Child's Full Name: _____ email: _____

Primary Address: _____ City: _____

Zip: _____ Phone: (____) _____ Cell: (____) _____

Birthdate: ____ / ____ / ____ Male Female Current Grade: _____

| Camp attending | Cost |
|---|--------------|
| <input type="checkbox"/> Elementary - Current 2 nd -4 th graders, June 23 rd -27 th | \$200 |
| <input type="checkbox"/> Middle School - Current 5 th -7 th graders, July 3 rd – July 7 th | \$200 |
| <input type="checkbox"/> I am signing my child up with a friend from outside the church | \$175 |
| <input type="checkbox"/> I would like to apply for financial aid to attend camp. | |
| I can afford to pay \$ _____ for my child. | |

Names of Parents/ Guardian: _____

Address (if different from child): _____

City: _____ Zip: _____ email: _____

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Other information relevant to your child attending Camp with First Presbyterian Church:
(Emotional, behavioral concerns, etc.)

I have read and understand the policies regarding sign-ups for my child to attend Indian Hills Camp checked above.

Signature Date

**First Presbyterian Church
San Diego
Medical and Liability Release**

Please complete and return to First Presbyterian Church

PLEASE PRINT CLEARLY

Name _____ Sex: Boy _____ Girl _____
Address _____ Home Phone (____) _____
City _____ Zip _____ Work Phone (____) _____
Age _____ Grade _____ Date of Birth _____
School _____ email: _____
Parent/Guardian living with student: _____
In emergency please notify: _____ Phone: _____
Family Doctor: _____ Phone: _____
Medical Insurance Co: _____ policy # _____
Phone: _____

HEALTH HISTORY:

ALLERGIES

| | | | |
|-----------------|-----------------------|-----------------------|------------------------------------|
| _____ Drugs | _____ Insect stings | _____ Heart Condition | _____ Epilepsy or nervous disorder |
| _____ Hay Fever | _____ Other allergies | _____ Chronic asthma | _____ Frequent stomach upset |
| | _____ Diabetes | _____ Frequent colds | _____ Physical handicap |
| | _____ Other | _____ Bed wetting | _____ Attention Deficit Disorder |

Please give details on any of the above if checked:

I (we), the parents/guardians of the above mentioned student (s), do hereby authorize First Presbyterian Church as agents for the undersigned to consent to any x-ray examination, anesthetist, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment deemed advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California and shall remain effective until December 31, 2017 unless revoked sooner in *writing delivered to said agents*.

I also understand that our family is responsible for necessary medical treatment, whether through insurance or other means, and that First Presbyterian Church does not provide medical insurance coverage.

In signing this release, I (we) agree not to hold First Presbyterian Church and/or it's agent or employees liable for damages, losses or injuries to the persons or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and that the signature is for both photo, medical and liability release.

Signature

Date

