



BRYN MAWR PRESBYTERIAN CHURCH

625 Montgomery Avenue | Bryn Mawr, Pennsylvania, 19010 | 610-525-2821 | Fax: 610-525-9476

Summer Trip Registration Form 2012

You only need to fill out ONE registration form even if your child is attending more than one trip. Please mark off all of the trips your child will be attending and sign below.

CAMP, August 5 – 11, 2012 at Camp Kirkwood

\$450 Total (in two installments)

1.) **\$100 Due with Registration Form on December 1, 2011 to reserve your space**

2.) \$350 Balance Due by Sunday, April 1, 2012 (no joke!)

Rising 6th – rising 12th graders

High School Mission Trip with YouthWorks to the Adirondack Mountains, July 1 – 6, 2012

\$500 Total (in two installments)

1.) **\$100 Due with Registration Form on December 1, 2011 to reserve your space**

2.) \$400 Balance Due by Sunday, April 1, 2012 (no joke!)

Rising 9th – graduated 12th graders

Middle School “Urban Plunge” in Philadelphia, PA, July 19 – 22, 2012

\$275 Total (in two installments)

1.) **\$100 Due with Registration Form on December 1, 2011 to reserve your space**

2.) \$175 Balance Due by Sunday, April 1, 2012 (no joke!)

Rising 6th – rising 8th graders

Name: _____
T-shirt Size: _____
Grade for '12 – '13 year: _____
Parent(s) Name: _____
Parent(s) Signature: _____
Paid? _____ Yes _____ No

IMAGE/NAME PERMISSION & RELEASE

Bryn Mawr Presbyterian Church staff members may wish to photograph, videotape, or otherwise record the activities of the Program participants for the purpose of promoting the Program. We may also publish your participant's name, grade, and image on Church related publications.

I give permission for my child in the Program to be videotaped, photographed, and/or recorded, in connection with the Program. I give permission for Bryn Mawr Presbyterian Church to use said videotaped, photographed, and/or recorded materials in BMPC publications, websites, CDs, DVDs or other media, for publicity purposes or in any other non-commercial manner that it chooses.

I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Child's Name (please print) _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____



BRYN MAWR PRESBYTERIAN CHURCH

625 Montgomery Avenue | Bryn Mawr, Pennsylvania, 19010 | 610-525-2821 | Fax: 610-525-9476

REGISTRATION FORM 2012

Complete one form per registrant; please print clearly

Participant's Last Name _____ Participant's First Name _____

Participant's Date of Birth (MM/DD/YYYY) _____ Current Grade in School _____

Parent(s)/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____ E-Mail _____

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian (please print) _____

Parent/Guardian (signature) _____ Date _____

INSURANCE INFORMATION

Name of Insurance Policy Holder _____

Carrier _____ Policy # _____ Group # _____

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

AUTHORIZED PERSON FOR PICK UP

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____



BRYN MAWR PRESBYTERIAN CHURCH

625 Montgomery Avenue | Bryn Mawr, Pennsylvania, 19010 | 610-525-2821 | Fax: 610-525-9476

MEDICAL FORM (page 1)

Complete one form per registrant; please print clearly

Participant's Last Name _____ Participant's First Name _____

Participant's Date of Birth (MM/DD/YYYY) _____ Current Grade in School _____

Parent(s)/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____ E-Mail _____

Home Address _____ City _____ State _____ Zip _____

MEDICAL TREATMENT PERMISSION & RELEASE

I desire my child to participate in the Bryn Mawr Presbyterian activity described herein ("the Program"). I understand that there are hazards and risks, as well as benefits, associated with my child's participation in the Program. In consideration of the benefits of my child's participation in the Program, I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise, and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against Bryn Mawr Presbyterian Church and/or its trustees, officers, employees, agents, assigns, contractors, or volunteers arising from or connected with my child's participation in the Program, including the securing of medical treatment for my child during my child's participation in the Program.

I give my permission to Bryn Mawr Presbyterian Church, its employees, agents, assigns, contractors, or volunteer supervisors to secure medical treatment for my child in the event that such treatment is needed during my child's participation in the Program or related activities. I agree to assume financial responsibility for the cost of such treatment.

The laws of the Commonwealth of Pennsylvania shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions, terms, clauses, or waivers and releases shall be deemed servable, and all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

Parent(s)/Guardian Name (*please print*) _____

Parent(s)/Guardian Name (*signature*) _____ Date _____

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____



BRYN MAWR PRESBYTERIAN CHURCH

625 Montgomery Avenue | Bryn Mawr, Pennsylvania, 19010 | 610-525-2821 | Fax: 610-525-9476

MEDICAL FORM (page 2)

INSURANCE INFORMATION

Name of Insurance Policy Holder _____

Carrier _____ Policy # _____ Group # _____

PHYSICIAN INFORMATION

Physician's Name/Practice _____

Phone _____ Fax _____

Office Location _____ City _____ State _____ Zip _____

MEDICAL CONDITIONS

PLEASE CHECK ALL THAT APPLY

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Dizziness/Fainting/Blackouts | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Orthopedic Problems |
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Chronic Bed Wetting | <input type="checkbox"/> (if applicable) Has your daughter had her first menstrual period? | |

ALLERGIES (Check)

- Aspirin
- Food Allergies
- Insect Stings
- Latex
- Other Medication
- Other Medication
- Penicillin
- Sulfa
- Tetracycline

REACTION (Describe)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

TREATMENT (Medication/Dosage)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

SPECIAL MEDICATION: This information will be kept confidential. Please specify all medication(s) your child/student is currently taking, the dosage and how often it should be administered. Please note that we will not administer any medication during program hours unless we have written permission from you and your child/student's physician. Please be sure to supply any medication necessary for your child. All medications should be clearly labeled with name and instructions and placed in a sealed, clear plastic bag. _____

PLEASE NOTE: We are unable to dispense any medication without documentation from your child's doctor. This includes: aspirin, acetaminophen, ibuprofen, Benadryl, Epi-Pen.