



ST. MATTHEW'S
EPISCOPAL CHURCH

FAMILY CAMP REGISTRATION

330 N HUBBARDS LN • LOUISVILLE, KY
502-895-3485; Fax: 502-895-3486

WWW.STMATTHEWSEPICOPALLOUISVILLE.ORG

Children's Information

Child's Name: _____ Age: _____ Grade: _____ Date of Birth: _____
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Parent/Guardian Information

Parents Names: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Email: _____ Primary Phone: _____
Cell: _____ Cell: _____

Emergency Contact Information

Please note: The minor's Parent/Guardian will always be contacted first.

Name: _____ Relation: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Email: _____ Primary Phone: _____

Family Insurance Information

Insurance Company: _____ Name on Card: _____
ID #: _____ Group #: _____ Policy #: _____
Name of Primary Physician: _____ Phone: _____
Name of Family Dentist: _____ Phone: _____

Health History

List any dietary restrictions: _____

List any activities any family member should be restricted from:

Medications

Please list **all** medications you are bringing with you and keep them in a safe place away from children, in a labeled, zip lock bag. Medications must be brought in an original, labeled bottle.

Medication	Dosage/Time	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental Agreement

Signing this agreement is necessary for your child to attend.

I hereby certify that all the information contained in this release form is up to date and correct. I give permission for my family members to be treated by a physician, nurse, or other person appropriately trained in first aid in case of accident or illness. I give permission, if necessary, for my child to be given the medications I provide and if necessary, over the counter medicines such as cough medicine, antacids, poison ivy ointment, etc.

I understand that every attempt will be made to contact the adults on this form if medical intervention is needed, beginning with the parent/guardian(s). Additionally, I understand that with every activity, there is the inherent possibility of risk, and I do not hold St. Matthew's Episcopal Church, its leaders, employees or volunteers liable for damages, losses, diseases, or injuries incurred by the subject on this form.

We agree to comply with all safety guidelines, all behavioral guidelines for cooperation.

I give my permission and consent for the use of photography or video that includes our family's image. I further give my permission and consent that any such photographs may be used by St. Matthew's Episcopal Church to illustrate or promote the church's programs.

Parent/Guardian Signature: _____ Date: _____

8/17/2018