

Post VBS Camp

Cornwell Center at Myers Park Baptist Church

2001 Selwyn Avenue

Charlotte, NC 28207

General Information:

Child's Name _____ Birth Date ____/____/____ Gender ____

Child's Name _____ Birth Date ____/____/____ Gender ____

Child's Name _____ Birth Date ____/____/____ Gender ____

Address _____ Apartment #: _____

City _____ State _____ Zip _____

Please list ALL special medical needs or allergies (environmental, food, medications):

Parent/ Guardian Information:

Relationship: _____

First Name: _____ Last Name: _____

Home phone: _____ Cell: _____

Email: _____

Relationship: _____

First Name: _____ Last Name: _____

Home phone: _____ Cell: _____

Email: _____

Emergency Contact /Approved pick-up (other than parent/guardian)

First Name _____ Last Name _____

Birth Date ____/____/____ Gender ____ Cell _____ Relationship: _____

Driver's License # _____

First Name _____ Last Name _____

Birth Date ____/____/____ Gender ____ Cell _____ Relationship: _____

Driver's License # _____

Preferred Hospital in Case of Emergency

: _____

Photo Release

I give permission for my child's pictures and video's to be used on bulletin boards, newsletters, and The Cornwell Center web site.

Signature: _____ Date: _____

Wavier

I understand that the Cornwell Center at Myers Park Baptist Church assumes no responsibility for injuries or illnesses which may be sustained as a result of participation in any athletic activities, sports programs, and the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all illness which may result from participation in these. In consideration of the privilege of participating at the Cornwell Center, I hereby voluntarily release and discharge the Cornwell Center at Myers Park Baptist Church and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with the Cornwell Center director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine my child/me within a reasonable time prior to the start of the program/activity to determine my child/I am free of communicable disease and have not been exposed to such. I hereby give permission to the medical personnel selected by the Cornwell Center staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity.

I understand it is my responsibility to be reached and at the Cornwell Center in the event of an emergency. I also understand that my child will not be released to anyone who is not on this form. By the signature below, I am verifying that the above information is true and correct to the best of my knowledge.

I understand that the Cornwell Center's Post Vacation Bible School Camp is not licensed and is not required to be licensed by the state as a child care agency. (G.S. 110-86(2) (d) (d1)

Signature of Parent or Guardian: _____ Date: _____

Signature of Cornwell Center staff: _____ Date: _____