



# Registration Form '17

**MAIL FORM TO**  
Greystone Baptist Church  
Summer Music & Arts Camp  
7509 Lead Mine Rd.  
Raleigh, NC 27615

**SCAN AND EMAIL FORM TO**  
mike.eller@greystonechurch.org

**REGISTER ONLINE** [www.greystonechurch.org](http://www.greystonechurch.org)

## CAMP DETAILS

- DATES: **July 10 - 13**    CAMP HOURS: **9:00 - 3:00 PM**, final presentation: **July 13 at 6:30 PM**
- GRADES: **rising 2<sup>nd</sup> - rising 6<sup>th</sup>**    COST: **\$60/child** (\$10 discount on each additional sibling)

**\*\*\*Registration Deadline: June 28\*\*\***

## CAMPER INFORMATION

Registering with 1 or more siblings

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Male    Female    Grade entering Fall 2017 \_\_\_\_\_    Date of Birth \_\_\_\_\_

MM/DD/YYYY

T-Shirt size: (\*Gildan pre-shrunk)

Youth XS    Youth S    Youth M    Youth L    Adult S    Adult M    Adult L    Adult XL

## PARENT INFORMATION

Parents/Guardian Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_    Phone [Hm] \_\_\_\_\_

Email Address \_\_\_\_\_ [Cell] \_\_\_\_\_

## MEDICAL INFORMATION

Please indicate if your child is being treated for any of the following:

- ADD/ADHD    Asthma    Diabetes
- Epilepsy/Seizure Disorder
- Heart Trouble    Psychological Disability
- Frequent Upset Stomach
- Other

Further details:

Please indicate if your child has allergies to:

- Animals    Insects    Pollen
- Medication    Other

Further details:

Please explain any dietary restrictions:

\_\_\_\_\_  
\_\_\_\_\_

**More on back >>**

## AGREEMENTS & RELEASES

### MEDICAL RELEASE AND WAIVER OF LIABILITY

I hereby release Greystone Baptist Church, its directors, employees and volunteers from responsibility and liability for any injury or illness that my child may sustain during Summer Music & Arts Camp. In the event of an emergency, I hereby authorize an adult leader of this activity, as agents for me, to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate), licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. As a parent/legal guardian I expect to be contacted as soon as possible.

I have read this (by registering, you are agreeing to the above statements)

### AGREEMENT OF PERMISSION

As a parent or legal guardian of the child I am registering, I grant permission for my child to participate in SMAC 2017. I give permission for photography and video of my child to be used on the Greystone website, Facebook page, newsletter, and other printed/digital publications for no purpose except that of promoting the life and community of Greystone Baptist Church.

I have read this (by registering, you are agreeing to the above statements)

### SIGNATURE \*A responsible parent/guardian should sign

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form. Also, I understand that my child needs to be present for all four days of Summer Music and Arts Camp, including the evening of the Camp Presentation on Thursday, July 13<sup>th</sup>.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

## PAYMENT INFORMATION

**\*NOTE:** Your registration is not considered *complete* until this signed form and full payment are both received.

Make checks payable to **Greystone Baptist Church**.  
(MEMO line: *Music Camp*)

You may also **REGISTER ONLINE** at [www.greystonechurch.org](http://www.greystonechurch.org)

I plan to pay at the  
**CHURCH OFFICE**

I plan to **MAIL IN**  
my payment

### For office use only

PAYMENT 1: Amt. \$ \_\_\_\_\_  Cash  Check (# \_\_\_\_\_) DATE FORM RECEIVED \_\_\_\_\_  
PAYMENT 2: Amt. \$ \_\_\_\_\_  Cash  Check (# \_\_\_\_\_) DATE PAID IN FULL \_\_\_\_\_  
 SIBLING DISCOUNT