



Registration Form '18

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

CAMP DETAILS

- DATES: **June 14-17** CAMP HOURS: **9-3 PM** (*dismiss at noon on June 17*) GRADES: **rising 2nd-rising 6th**
- FINAL PRESENTATION: **June 17 at 11:00 AM** COST: **\$60/child** (\$10 discount on each additional sibling)

******Registration Deadline: MAY 31******

CAMPER INFORMATION

Registering with 1 or more siblings

Child's Name _____ Preferred Name _____

Male Female Grade as of Sept. 2018 _____ 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

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 13th.

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

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