



Coast to Coast Camps Registration 2014-2015

C2C Location: _____ Start Date: _____

Camper's Name: _____ Gender: _____

Birthdate: _____ 2014/15 Grade: _____ School: _____

Allergies or Special Conditions: _____

Who does the child live with? _____

Mother's Name: _____ Cell#: _____

Address: _____ Home#: _____

_____ Email: _____

Place of Employment: _____ Work#: _____

Father's Name: _____ Cell#: _____

Address: _____ Home#: _____

_____ Email: _____

Place of Employment: _____ Work#: _____

In an emergency if I am not available please call:

_____ Phone#: _____

The following people have permission to pick up my child:

_____ Phone#: _____

_____ Phone#: _____

_____ Phone#: _____

_____ Phone#: _____

Please DO NOT ALLOW the following people to pick up my child:

Health Insurance Company: _____

Plan _____ Group# _____

Doctor's Name _____ Phone# _____

Dentist's Name _____ Phone# _____

Releases

I understand my child's image may be used in any and all promotional photographs, videos, C2C social media, or websites.

That by signing my child into the daily program, I am giving MOR Ministries, Inc. permission to transport my child off camp property and that I understand that my child will participate in field trips.

By my signature below, I am responsible for all financial obligations incurred to MOR Ministries, Inc. for this child.

As the parent or authorized representative, I hereby give consent to MOR Ministries, Inc. to obtain all emergency medical or dental care prescribed by a duly Licensed Physician (MD), Osteopath (D.O.), or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child

I agree not to hold MOR Ministries, Inc. responsible for any articles of clothing, personal belongings, or personal athletic equipment that is lost or damaged by theft, fire, natural disaster, or other occurrences.

At MOR Ministries, Inc. children are served without regard to race, color, national or ethnic origin or in any other category protected by law. We reserve the right to make decisions regarding camper participation due to physical and/or mental limitations or disabilities. Children with special needs may be enrolled upon mutual agreement between the parents and the director. Reasonable accommodations will be made for individuals with disabilities. Modifications to policies or procedures can be made if the modifications do not fundamentally alter the services the camp provides or adversely affect the operation of the program.

By signing below, I understand that any dispute involving MOR Ministries, Inc. and myself or my child shall be resolved by way of arbitration through the rules and regulations of the American Arbitration Association. Each party shall bear its own costs and attorney fees in connection with any such action, to the extent allowed by law.

I have received the Parent Handbook and will adhere to the policies in the Parent Handbook

That MOR Ministries, Inc. provides no accident medical protection.

There are no refunds or credits given. (For example, but not limited to: if your child is expelled for disruption or other bad behavior, there is no refund provided by MOR Ministries, Inc.

I understand that if I sign up for a payment contract that in order to break the contract I will have to be up to date on my account and pay a two week broken contract fee.

Parent's Name (Please Print) _____

Parent's Signature _____

Date _____