



For Office Use Only	
Family Total\$ _____	Paid Date: _____
Crew (Child 1): _____	
Crew (Child 2): _____	
Crew (Child 3): _____	



St. Andrew's Episcopal Church 281-485-3843

July 19-23, 2010 9 a.m.-Noon

**Registration Form Early Reg. (by 7/01/10) Cost: \$12/child \$30/family max.
Late Reg. (after 7/01/10) Cost: \$15/child \$35/family max.**

(ONLY 1 FAMILY PER FORM)

Child's Name: _____ Date of Birth: _____ Grade as of Sept. 1, 2010: _____
 Child's Name: _____ Date of Birth: _____ Grade as of Sept. 1, 2010: _____
 Child's Name: _____ Date of Birth: _____ Grade as of Sept. 1, 2010: _____

Mailing Address: _____ City: _____ Zip: _____
 Home E-Mail Address: _____ Home Phone:(____) _____
 Mother's Name: _____ Work Phone: _____ Pager/Cell: _____
 Father's Name: _____ Work Phone: _____ Pager/Cell: _____
 Guardian's Name: _____ Work Phone: _____ Pager/Cell: _____

Allergies, Diseases, or Other Health or Behavioral Concerns: _____

Emergency Information: In case parents are not available, my child may be PICKED UP BY:

1. _____ Phone: _____ Relationship: _____
 2. _____ Phone: _____ Relationship: _____

Insurance Company: _____ Group #: _____
 Insurance Company Phone: _____ Employee I.D.#: _____

Authorization for Medical Treatment

In the event of a medical emergency, I hereby authorize an adult teacher, employee, or director from St. Andrew's Episcopal Church, as an agent for me, to consent to any 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 of Texas, either at a doctor's office or in a hospital. I wish to be contacted as soon as possible if treatment is deemed necessary.

Parent/Guardian's Signature: _____ Date: _____

Legal Release of Liability

I, _____, hereby release St. Andrew's Episcopal Church, Pearland, in addition to the officers, directors, employees, and agents of St. Andrew's Episcopal Church from any and all liability for injuries or illnesses except those which are the result of gross negligence on the part of the officers, directors, employees or agents of St. Andrew's Episcopal Church, Pearland.

Parent/Guardian's Signature: _____ Date: _____