



2017 Mt. Cross Day Camp Registration Form

Camper Name _____

T-Shirt Size

Home Address _____

City _____ State _____

(Circle one) Youth or Adult

Zip Code _____

(Circle one) S M L XL

Does Camper attend church? _____

If so, where? _____

Please print clearly in ink and use a separate form for each camper. The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. This form must be filled out by parents/guardians of minors. An update is required annually.

Birth Date _____ Gender _____

Age _____ Grade (as of 9/2017) _____

Parent or Guardian Name(s) _____

Phone numbers where you can be reached during the day (please circle best number to call)

Home # _____ Work # _____

Cell # _____

Home Address (if different than camper address) _____

email address _____

Emergency Contact (other than above) _____

Daytime Phone _____ Relationship to Camper _____

Parent/Guardian Authorization:

I give Mt. Cross Ministries permission to use photography/video of myself/my child taken at Day Camp in the future promotion of Mt. Cross Ministries.

Signature of parent/guardian or adult camper _____

Date _____
