

Fall Camping Trip 2010

Registration Form

First Name _____ Last Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone # (____) _____

E-mail: _____

Emergency Contact Information

Parents Names _____

Address (If different from the youth's address listed above) _____

City _____ State _____ Zip Code _____

First Work Phone Number (____) _____

Second Work Phone Number (____) _____

Cell Phone (____) _____ Texting Yes ____ No ____

E-mail Address _____

Second E-mail Address _____

The above named youth has my permission to participate on the Hendersonville First United Methodist Church Youth Fall Camping Trip 2010. I give my permission for First United Methodist Church and its representatives to transport my child on this youth outing and for my child to participate in all the activities while on this outing. I also understand that First United Methodist Church and its representatives are not liable should any injury come to my child. I give permission for emergency medical care to be given by a health care professional should my child need such treatment before I can be contacted.

Parent/Guardian Signature: _____

Date: _____ Printed Name: _____