

# 2010 YOUTH REGISTRATION FORM

\$50 deposit required payable to Kirkmont Center. **Registering for more than one camp? Please use a separate registration form for each camp.** Only one Medical Form is required. We now accept major credit cards, see section below.  
**Kirkmont Center, PO Box 128, 6946 County Road 10, ZanesFIELD, OH 43360 + Phone 937/593-2141 + 1-800-572-1747 + Fax 937/593-1617**  
*Questions? Please feel free to call the office from Monday – Friday, 8 a.m. – 4:30 p.m.*

**PLEASE PRINT WITH DARK INK, COMPLETE ALL SECTIONS & MAIL OR FAX FORM TO KIRKMONT CENTER**

CAMPER LAST NAME \_\_\_\_\_ CAMPER FIRST NAME \_\_\_\_\_ GRADE COMPLETED IN 2010: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CIRCLE: BOY OR GIRL

@ AGE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DOB:

HOME PHONE (\_\_\_\_) \_\_\_\_\_ **CIRCLE T-SHIRT SIZE:** CHILD: S M L -OR- ADULT: S M L

XL  XXL

CAMPER HOME CHURCH \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CHURCH MAILING ADDRESS \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\* **SIGNATURE** (PASTOR, EDUCATOR, CLERK OR TREASURER): \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: SIGNATURE IS REQUIRED TO BE ELIGIBLE FOR MIAMI/MAUMEE VALLEY/SCIOTO VALLEY/CINCINNATI PRESBYTERY SUMMER CAMP FEE RATE REGARDLESS OF WHETHER OR NOT CHURCH PAYS PART OF THE FEE.**

**PARENTS OR LEGAL GUARDIAN(S)**

MOTHER'S NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ EXTENSION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\* **PHOTO/VIDEO RELEASE:** I GIVE MY PERMISSION FOR PICTURES/VIDEOS TO BE TAKEN OF MY CHILD DURING CAMP TO BE USED FOR CAMP PUBLICITY. **SIGNATURE OF CUSTODIAL PARENT/LEGAL GUARDIAN:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ EXTENSION \_\_\_\_\_

\* **IS THERE A COURT CUSTODY ORDER PERTAINING TO THIS CHILD?** CIRCLE: YES NO IF YES, WHO HAS CUSTODY? \_\_\_\_\_. A COPY OF THE CUSTODY ORDER IS REQUIRED TO BE ON FILE. PLEASE RETURN COPY WITH REGISTRATION FORM OR PROVIDE COPY AT LEAST 30 DAYS PRIOR TO CAMP CHECK-IN DAY. IF PREVIOUSLY SUBMITTED AND CUSTODY ORDER HAS NOT BEEN CHANGED, CUSTODIAL PARENT OR LEGAL GUARDIAN WILL BE CONTACTED IF ANOTHER FILE COPY IS NEEDED.

**KIDS KAMP OR GRANDPARENT WEEKEND?  
 ADULTS NEED TO SUBMIT A SEPARATE "ADULT" REGISTRATION FORM**

*Please contact the office to obtain Adult Registration Form(s): 937/593-2141 or 1-800-572-1747 or [Kirkmont@embarqmail.com](mailto:Kirkmont@embarqmail.com)*

Name of Adult attending Kids Kamp or Grandparent Weekend with above-listed child: \_\_\_\_\_

Adult's relationship to child: \_\_\_\_\_

**CAMP CHOICE: PLEASE WRITE 1<sup>ST</sup> AND 2<sup>ND</sup> CHOICE – REGISTERING FOR MORE THAN ONE CAMP? PLEASE USE SEPARATE FORMS.**

	CAMP NAME	CAMP DATE(S)	\$CAMP FEE
1 <sup>ST</sup> CHOICE	_____	_____	\$
2 <sup>ND</sup> CHOICE	_____	_____	\$

