



Can Be MOVED!

LOGOS Senior High Summer Camp Registration Form

August 8-12, 2010 ~ Crystal Springs United Methodist Camp

PERSONAL INFORMATION

Last Name:	First Name:	Male Female	Grade for 2010-2011 School Year:
Address:		Birthdate:	
City:		State:	Zip Code:
Email:		Phone: () -	
Family members attending camp:			
Church Affiliation:			

HEALTH HISTORY

Allergies to drugs/medications:		
Other Allergies:		
Date of last Tetanus shot:		Blood Type:
Surgery within last year:		
Serious Medical Problems (diabetes, epilepsy, other) that may limit participation:		
List any medication currently taking:	Dosage:	Frequency:
1.		
2.		
3.		
4.		
5.		
Medical Insurance Information:		
Company Name:	Phone:	
Policy #	Policy Holder's ID:	
Relationship to policyholder:		
Physician Information:		
Physician Name:		Phone:

EMERGENCY CONTACTS

Name:	Home Phone:	
Relationship:	Work Phone:	
Address:	Cell Phone:	
City:	State:	Zip Code:
Name:	Home Phone:	
Relationship:	Work Phone:	
Address:	Cell Phone:	
City:	State:	Zip Code:

MEDIA RELEASE

Yes, First United Methodist Church (Midland, MI) and its LOGOS employees or representatives, have my permission to take, use, and post photographs, videotape and/or digital images of my child for use in networking, promotional, or educational materials, and/or the church's website.

No, I ask that First United Methodist Church (Midland, MI) and its LOGOS employees or representatives not post photographs, videotape, and/or digital images of my child on the church's website, use their image in their publications, and/or for networking purposes.

Parent/Guardian Signature _____ **Date** ___/___/___

COVENANT of CONDUCT

In all events, activities, and meetings under the sponsorship of First United Methodist Church, I am aware that I am a representative of that Christian community, and that I am responsible for my own actions. I fully understand the following guidelines will be followed:

- The illegal use of drugs or alcoholic beverages or tobacco is prohibited.
- All conduct shall be in keeping with the highest Christian regard and respect for all persons.
- All individuals will be expected to participate in group activities.
- The area used for the meeting, program or trip shall be left clean.
- Adults must know where I am at all times.

I, _____, have read and understand the Covenant of Conduct above. I agree to abide by it to the best of my ability and understand that blatant disregard for the guidelines can result in being sent home at my parents' expense.

(Signature of Youth) **Grade in the Fall:** _____

Parent/Guardian: I have read and agree to support this Covenant of Conduct.

(Signature of parent/guardian) **Date:** _____

YOUTH POWER OF ATTORNEY - 2010

Know all persons by these present that we (I), _____ and/or
_____ (parent name)

_____ of _____ appoint
(parent Name) (address)

Jennifer K. Lane of 201 Nakoma Dr., Midland, MI and
(LOGOS Director) (address)

Norbert D. Talbott of 2404 Ashman St., Midland, MI
(Camp Counselor) (address)

each with the authority to act individually, each our attorney for us and in our name and on our behalf to consent to the administration of whatever anesthetic and the performance of such medical, dental, surgical treatment and/or operation as may be deemed necessary or advisable upon _____ our minor
(Youth Name)

child during the period of **August 8, 2010** to **August 12, 2010** and to execute all necessary instruments to carry out and perform any of aforesaid powers, and to do any other acts requisite to carrying out such powers. I/we, the parent/parents, agree to be financially responsible for services provided. I/we authorize the release of medical information to or from my/our insurance company and my/our personal physician.

IN WITNESS WHEREOF, I have hereunto executed this Power of Attorney on this
_____ day of _____, 2010.

Witnesses:

_____ (Witness Signature)	_____ (Parent Signature)
_____ (Witness Signature)	_____ (Parent Signature)

On this _____ day of _____, 2010, before me known to be the persons described in and who executed the foregoing instrument and acknowledged that they executed the same of their free act and deed.

(Notary Public)

My commission expires: ___/___/___