

2008 PEAK EXPERIENCE REGISTRATION

Child's First Name: _____ Last Name: _____
 Home Address: _____ State: _____ Postal Code: _____
 City: _____ Email: _____
 Phone (Home): _____ Mother's Work #: _____ Father's Work #: _____
 Date of Birth: _____ Sex: M F Age: _____
 Mother's Name: _____ Father's Name: _____
 Other Emergency Contact: _____ Phone Number: _____

CAMP NAME	CAMP DATE	TIMES	COST	Extended Option (until 5pm)	TOTAL
<input type="radio"/> Bucky's Bay Preschool Camp	6/23-6/27	9am - 12pm	\$35		
<input type="radio"/> FCA Sports Camp FCA (Fellowship of Christian Athletes); Professional athletes will be giving their testimony and leading the sports instruction.	7/14 - 7/18	8am - 3:30pm	\$100	+\$50 (entire week)	
<input type="radio"/> Arts & Music Camp	8/4 - 8/8	8am - 3pm	\$95	+\$50 (entire week)	
<input type="radio"/> Family Sunset Adventures	8/18 - 8/22	7pm - 8:30pm	\$10 <small>per night per family</small>	\$45 (entire week)	
Bucky's Bay Preschool - Ages potty-trained to Pre-Kindergarten Family Sunset Adventures - Parents & children ages birth through 5th Grade All Other Camps - Children finished Kindergarten to finished Fifth Grade					TOTAL

METHOD OF PAYMENT

Credit Card (in full at time of registration) _____ Check _____ Cash (in person only) _____
 (Please make checks payable to the BranchCreek Community Church)

Visa or Mastercard Number _____ Expiration Date _____

Registrants will be contacted if camp is full and will then be placed on a waiting list: fees are not processed until a space is available.

MEDICAL FORM

Family Physician: _____ Phone: _____ Medical Health #: _____

List any medication presently taken: _____

Does the child have any ailments that the coach or staff should be aware of (ie: allergies, athletic injuries, etc.):

Please explain: _____

PARENT / GUARDIAN CONSENT

I hereby grant _____ permission to participate in the Peak Experience Program, and if I cannot be readily contacted I authorize the BranchCreek Community Church to provide or cause to be provided such medical services as the church or medical personnel consider appropriate. Peak Experience reserves the right to refuse further participation to any participant for inappropriate behavior. By signing this consent, I agree to allow BranchCreek Community Church to reproduce the likeness of my child (photo, video, etc.) in promotional materials or publications.

I am aware that participation in recreation and athletic activity involves the risk of personal injury including but not limited to soft tissue and/or broken bones. Any use of equipment facilities and programs of the BranchCreek Community Church, and my or my child's participating in such activities shall constitute acceptance of the risk regardless of the nature of the injury.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT

Signature _____ Date _____

Witness _____ Date _____

YOU MAY REGISTER:

ONLINE: kidscreekonline.org/peak

FAX: (215) 256-0580 Credit Card Only

IN PERSON: BranchCreek Office - 100 Main St., Harleyville, Pa

MAIL: Peak Experience, BranchCreek Community Church, 100 Main St., Harleyville, Pa 19438