

This form must be mailed or brought to the church office no later than July 11.
One form per child

Child's name _____ Male/female _____ Grade in school, Fall 2010 _____

Address _____ city _____ Zip _____ Daytime phone _____

Emergency Contact #1 Name: _____ Relationship _____ Phone _____

Emergency Contact #2 Name: _____ Relationship _____ Phone _____

Does your child have any allergies or other conditions which may limit activities? Yes _____ No _____

If Yes, please explain: _____

If your child has any dietary restrictions or limitations, please provide snack for them. Thank you!

Regular attender of Lakehills? Yes, Name of person you are bringing _____

Regular attender of Lakehills? No, Guest of _____

Do you have a home church? _____ Name of church _____

Shirt size (circle one) :

Youth Small

Youth Medium Youth Large

Adult small

Adult Medium

Preferred track in order of preference (Number 1-3, 1 being your first choice)

CULINARY(Grades 4/5 only) _____

CAKE DECORATING(Grades 2/3 only) _____

SEWING(Grades 4/5 only) _____

3-D SCULPTURE(Grades 4/5 only) _____

DANCE(Grades K/1 only) _____

MIXED BAG(Grades K-3 only) _____

KNITTING/CROCHETING(Grades 2/3 only) _____

DRAMA(Grades 4/5 only) _____

SPANISH(Grades K-5) _____

PHOTOGRAPHY(Grades 4/5 only) _____

MUSIC(Grades K/1 only) _____

WATER COLOR(Grades K-3 only) _____

MEDICAL RELEASE: In the event of an emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby authorize an agent of Lakehills church to act on my behalf to seek medical treatment for my child in the event such treatment is deemed necessary by that agent. I authorize the physician selected by said agent to administer such emergency treatment as said physician deems necessary under the circumstances. I understand and agree that I will be responsible for payment of physicians fee and all other fees or expenses associated with such treatment. I hereby release Lakehills Church, it's agents, and employees from any and all liabilities resulting from adherence with these instructions.

Parent/Guardian signature _____ Date _____

Primary Physician _____

Address _____ Telephone _____

After completing this form, PLEASE MAIL, along with camp fee to:
Lakehills Church, 7000 Rossmore Lane, El Dorado Hills, CA 95762