

# Science Camp

presented by Westwind Church

**July 27-30, 2009**

9:00 am - 3:00 pm

For kids ages 6- 11

Cost - \$25.00/child

1) Child's Name: \_\_\_\_\_ Sex:  M  F

Birthday: \_\_\_/\_\_\_/\_\_\_ Grade in '09 – '10: \_\_\_ T-shirt Size: \_\_\_

2) Child's Name: \_\_\_\_\_ Sex:  M  F

Birthday: \_\_\_/\_\_\_/\_\_\_ Grade in '09 – '10: \_\_\_ T-shirt Size: \_\_\_

3) Child's Name: \_\_\_\_\_ Sex:  M  F

Birthday: \_\_\_/\_\_\_/\_\_\_ Grade in '09 – '10: \_\_\_ T-shirt Size: \_\_\_

Parent/Guardian Name: \_\_\_\_\_

Best phone number to be reached during camp: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Should the parent or guardian (primary contact) not be available, whom should we contact (secondary contact) in case of emergency?

\_\_\_\_\_  
Secondary contact

\_\_\_\_\_  
Secondary Phone

**For office use only**

Date rec. \_\_\_\_\_ Payment \_\_\_\_\_ T-shirt \_\_\_\_\_

## **GENERAL EMERGENCY MEDICAL TREATMENT** (Authorization to consent of Emergency Medical Treatment)

I, the (Parents), (Guardians) of the child(ren) listed on this form, do hereby authorize the sponsor representing Westwind Church of Waukee, Iowa, in order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of registered events. I hereby authorize the staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the event, and I hereby hold the event staff and Westwind Church, as well as it's representatives, harmless in the exercise of this authority.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospital judgment deemed advisable. This authorization is to be effective for the scheduled events unless revoked in writing by said sponsor.

It is understood that, as parents or guardians, we are responsible for all medical costs and (I) (We) will not hold Westwind Church of Waukee, the sponsor, any officer, drivers, or helpers liable for medical aid rendered to (my), (our) child(ren).

Name of Family Doctor \_\_\_\_\_  
Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_  
Member Policy # \_\_\_\_\_

List all known allergies

\_\_\_\_\_  
Westwind may use any photos of my child in brochures, website, and any other promotions.

\_\_\_\_\_  
Parent or Legal Guardian's Name (Please print)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

***\*Additional forms are available on our website at  
[www.westwindchurch.org](http://www.westwindchurch.org)***