

Summer 2011 Musical

The Rock Slinger and His Greatest Hit

The Story of David and Goliath.

This year's summer camp will meet **July 5th** through **July 15th** from **9:00 a.m.-12:00 p.m.** The musical will be presented at **both services on July 17th**. Children who have completed kindergarten through high school are eligible to register.

Registration Form

Child's Name: _____ Grade completed: _____

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Address: _____

City, Zip: _____

Phone Number: _____ Cell Number: _____

E-mail: _____

T-shirt size: (circle one)

Child Small
Adult Small

Child Medium
Adult Medium

Child Large
Adult Large

Adult X-Large

For Parent:

I am willing to help :

___supervise T-shirt painting

___provide snacks for July 17th

___video-tape dress rehearsal

___help serve lunch on July 15th

___provide juice for July 17th

other: _____

Parent signature: _____

COMPLETE EMERGENCY CONTACT AND MEDICAL RELEASE INFORMATION ON THE BACK OF THIS FORM

PLEASE ENCLOSE \$20.00 FOR EACH CHILD ATTENDING.
MAY BE RETURNED IN THE OFFERING OR TO THE OFFICE BY JUNE 1st

****Please remember that participation at both services on July 17th is required.
We will also present the musical for the September Senior Citizen Luncheon.**

EMERGENCY CONTACT AND MEDICAL RELEASE INFORMATION

Emergency Contacts: (name & day time phone)

Mother _____

Father _____

Other _____

Health information of possible concern to staff (allergies, dietary, etc.)

Medical Release: I give my permission for any and all medical attention necessary to be administered under the direction of St. Matthew's Lutheran Church staff to the above named child(ren) in the event of an accident, injury, sickness, etc.

I assume the responsibility for payment of such treatment.

(parent signature) (Date) _____

Physician: _____

Phone Number: _____

Insurance Company: _____

Policy Number: _____