



**Family Connections Center
Camp Registration Form**

Child's Name _____ Age _____

Parent/Guardian Name _____

Address _____

City _____ ST _____ ZIP _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____

Relationship _____ Phone _____

Name of Camp/Session Number _____ Cost _____

Total _____

Please make checks payable to Family Connections Center. If you wish to pay by credit card, provide the following information:

Card Type: _____ Visa _____ Mastercard _____ Discover Amount Paid \$ _____

Expiration Date: Month _____ Year _____

Print Name as it appears on your card. _____

Authorization Signature _____

I understand that camp is being provided by trained professionals and volunteers and I assume all risks and hazards of the conduct of the program and release from responsibility any person providing activities for the program. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise against all employees, organizers, sponsors, supervisors, or any volunteers connected with family connections Center. I authorize FCC, it's employees and agents to transport my child to the hospital, doctor, or dentist in the event of an injury or accident. I agree to assume all medical costs incurred.

Signature _____ Date _____