

DEAR PARENT,

Summer is just around the corner and it's time for **DAY CAMP!** Your child will enjoy an excellent week of fun games, super crafts and skills projects, sing-along songs, some outstanding outings and great Bible talks.



REGISTRATION

Return the attached form and registration fee with checks made payable to:

Des Moines Gospel Chapel - DAY CAMP
21914 7th Ave. S
Des Moines, WA 98198

Early registration helps ensure your child's place in camp - space is limited. Registrations will be accepted on a first come first served basis. The fee covers the cost of snacks, lunch beverages, a T-shirt and camp activities.

\$85 per child

\$210 special family rate

(three or more from the same family)



A confirmation of registration letter and all other correspondence will be sent via email if an email address has been provided.

WHO CAN COME?

To be eligible for DAY CAMP, you must be a boy or girl who will be **entering grade 1-6** this coming fall of 2017. Children are accepted regardless of race, creed, color or national origin. Many activities will be divided into Junior and Senior age groups to facilitate learning and interest.

STAFF

The DAY CAMP Staff is made up of volunteers who are trained to work with DAY CAMP children. All are individuals who are excited about spending a week with your child and consider it a privilege to do so.

WHAT TO BRING

- Sack Lunch (a beverage will be provided)
- Bible
- Gym shoes only
- Some days will require **special clothing**, such as a swimsuit or a pair of old tennis shoes. You will be notified ahead of time.



QUESTIONS?

206-878-2145 or info@dmgc.org

Website: dmgc.org

Monday-Friday, 9:30 AM-4:00 PM

Des Moines Gospel Chapel has been located at 7th Avenue and 219th South for over 50 years. This fellowship is non-denominational and views the Bible as authoritative and Jesus Christ as Savior and Lord. Children's activities have always been a high priority at DMGC. Our church is vitally interested in serving children and families in the Des Moines area in whatever way it can.

DAYCAMP REGISTRATION

Detach and complete **BOTH SIDES** of this form for **EACH child** attending DAY CAMP. Additional forms are available online at www.dmgc.org or through the church office.

Name _____

Address _____

Apartment or Suite # _____

City _____ Zip _____

Parent email: _____
(Please print legibly)

Phone _____

Alternate phone number(s) in case of emergency:

Grade in fall of 2017 _____ (Circle one) M / F

Birthdate _____ Age _____

If your child has a friend who will also be attending, what is his/her name? _____

Insurance Provider _____

Policy Number _____

List any current illnesses or medical conditions:

What medication(s), if any, is your child allergic to?

Date of last tetanus shot? _____

Any restriction to swimming? _____

Any dietary or other activity restrictions?

Who is allowed to pick up your child? (include parents) _____

T-Shirt Size (circle one):

Youth M / Youth L / Adult S / Adult M / Adult L

→ (over)



**PARENTAL AUTHORIZATION TO
CONSENT TO MEDICAL TREATMENT**

(Print name of "MINOR" attending DAY CAMP)

(Print name of PARENT or Legal Guardian)

In case of an emergency, every effort will be made to contact a PARENT or guardian of the MINOR named above.

The above named PARENT of the MINOR has entrusted the MINOR into the care of the DAY CAMP directors, while the MINOR participates in an activity sponsored by the DAY CAMP, and for the welfare of the MINOR.

The PARENT does hereby authorize the DAY CAMP directors to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the laws of the State or County in which the medical care is being sought and on the medical staff of any hospital.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the DAY CAMP directors to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, or physician in the exercise of his/her best judgment, may deem advisable.

The PARENT hereby authorizes any hospital which has provided treatment to the MINOR to surrender physical custody of the MINOR to the DAY CAMP directors upon completion of the treatment.

The PARENT hereby agrees to fully pay all costs of medical or dental care incurred for the MINOR by the DAY CAMP under this authorization.

This authorization will remain effective until August 5, 2017.

PARENT or legal guardian's signature

Date

DES MOINES
GOSPEL CHAPEL
21914 7th Ave. S
Des Moines, WA 98198

DAY CAMP



**July 31-August 4, 2017
9:00 AM-3:30 PM**

**\$85
Per Child**

**\$210
Special Family Rate
(three or more from the same family)**

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Des Moines, WA 98198
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