



July 8 – 12, 9 am – Noon

Kindergarten – 5th grade completed

Camp E.D.G.E Registration Form
(one per family)
First United Methodist Church
301 East 4th Street 569-3348

*** Optional* Due at Registration**
T-shirt size

<u>Name</u>	<u>Grade Completed</u>	<u>Birthday</u>	<u>Circle one - \$5 each</u>
_____	_____	_____	YXS YS YM YL YXL AS AM AL AXL
_____	_____	_____	YXS YS YM YL YXL AS AM AL AXL
_____	_____	_____	YXS YS YM YL YXL AS AM AL AXL
_____	_____	_____	YXS YS YM YL YXL AS AM AL AXL

Parent/Guardian Name(s): _____

Street Address: _____

City : _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Home Church: _____

Emergency Information

Food Allergies or other medical conditions: _____

Emergency Contacts: _____

Emergency Phone Numbers: _____

Transportation

My child (children) will need transportation TO Vacation Bible School YES NO

My child (children) will need transportation HOME from Vacation Bible School YES NO

My child's photographs may be used in/on one or all of the following:
Church websites, in the newspaper, and on Facebook YES NO

I give the church permission to call emergency personnel if necessary YES NO

Parent Signature _____