

EMERGENCY INFORMATION

I, the undersigned parent/guardian of _____, hereby give permission for my youth to participate as a **YOUTH ASSISTANT** in Musical Theatre Camp, **June 17-21, 2019** at First United Methodist Church, Mason. My youth is in good physical condition and has not had any serious illness since their last health examination. I understand that my youth will work under adult supervision at all times. In the event of an emergency, I understand that I will be contacted as soon as possible. If I cannot be reached, I authorize adult workers with Mason FUMC to seek emergency medical attention for my youth at my expense, under the supervision of a physician licensed under the provisions of the Medical Practice Act.

* I give permission for photos/videos of my youth to be published in print and/or online.

* I have read the Youth Behavior Covenant and agree to support my youth's participation.

Signature of Parent or Guardian Date

MOTHER: Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Family Email Address: _____

FATHER: Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

OTHER: Name: _____

Address: _____ Phone: _____

Relationship to Child: _____

PHYSICIAN: _____ PHONE #: _____

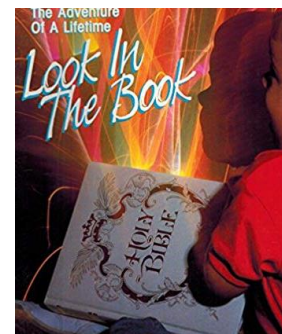
***** IN CASE OF EMERGENCY DURING CAMP, BEST CONTACT PERSON & PHONE # IS: _____**

Who will provide transportation for your youth each day?

(For the safety of your youth, ANY change must be given to leaders in writing.)

****PLEASE DETACH AND RETURN****

Youth Assistants



Musical Theatre Camp

June 17-21, 2019

**First United Methodist Church
224 Broad St.**

Mailing Address: PO Box 178

**Mason, TX 76856
325-347-5105**

Musical Theatre Camp 2019

Help children learn about the love of Jesus as we sing and act, learn about set and costume design, stage management, lighting, special effects, musical accompaniment, and all other aspects of putting on a production.

We'll also have snacks, games & Bible devotions.

Who: Youth who will be in Grades 9 – 12 in the Fall

Dates: June 17-21, 2019 Monday – Friday

Times: 8:30 AM to 3:00 PM

(Includes daily preparation and clean-up)

Bring your lunch OR Lunch provided for \$10 for the week

Performance: Friday, 6:00 PM (Arrive 5:30)

Other Requirements: Attend training session & Set-Up
Sunday, June 16, 4:00 – 6:00 PM

Place: First United Methodist Church
224 Broad St.
Mailing Address: PO Box 178
Mason, TX 76856

YOUTH ASSISTANTS are needed to assist with small groups of children so they may participate fully in activities.

For More Information, Contact:
Carol Ann Weston, Family Ministries Director
325-347-5105 (church) or 830-370-6416 (cell)

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YOUTH ASSISTANT Registration Form Musical Theatre Camp, 2019

YOUTH NAME: _____ Male _____ \ Female _____

Address: _____

Date of Birth: ____ \ ____ \ ____ Grade will be in Sept. 2019 _____

Cell Phone: _____ Church you attend: _____

Email: _____

Food Allergies, Medical Conditions or Special Information: _____

TRAINING: I will attend the Training/Setup Session Sunday, June 16, 4:00 – 6:00 PM.

BEHAVIOR COVENANT: I agree that as a participant in Musical Theatre Camp I will abide by the rules below and follow all directions of the Camp Director:

- Attend one of the training sessions.
- Be on time and follow the daily schedule at all times.
- At no time leave the site without the express permission of Laura Logan, Camp Director, or Carol Ann Weston, Family Ministries Director.
- Have a servant's heart – be there to serve the children attending Camp
- Dress appropriately (no short shorts, tube tops, bare midriffs, inappropriate symbols or slogans, etc.)
- Stay with my group at all times.
- Be a Christian role model by using appropriate behavior and language.
- Bring no alcohol, tobacco or other drugs.
- Bring no cell phones or other electronics – or turn in to Laura daily.
- I understand I must invite other youth early enough to allow them time to register and attend required training.

LUNCH: ____ I will bring my own each day OR ____ \$10 Enclosed for the week

Youth Signature: _____ Date: _____

*** IMPORTANT EMERGENCY FORM ON BACK ***