

EMERGENCY INFORMATION

I, the undersigned parent/guardian of _____,
hereby give permission for my child/children to attend **Musical Theater Camp June 17-21, 2019** at First United Methodist Church, Mason. My child/children are in good physical condition and have not had any serious illness since their last health examination. 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 First United Methodist Church to seek emergency medical attention for my child\children 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 child to be used, without names attached, both in print and online.

Signature of Parent or Guardian

Date

*****IN CASE OF EMERGENCY DURING THIS EVENT, CONTACT:**

MOTHER: Name: _____

Address: _____

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

Family Email: _____

FATHER: Name: _____

Address: _____

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

OTHER: Name: _____

Address: _____ Phone: _____

Relationship to Child: _____

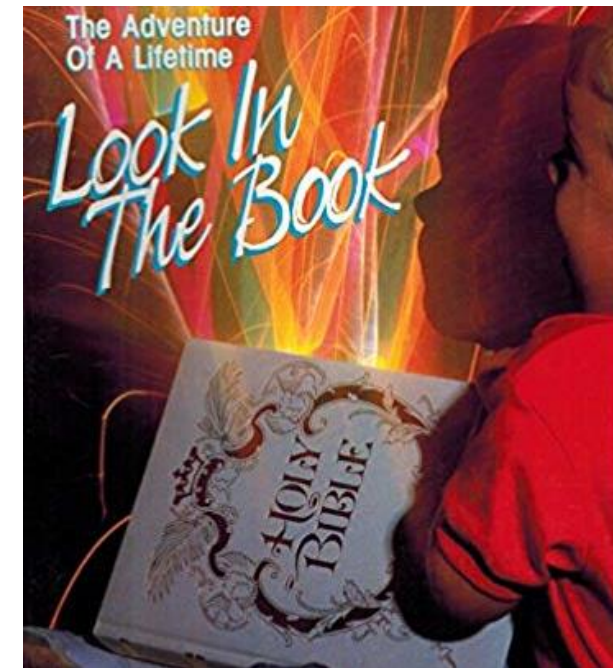
PHYSICIAN: _____ PHONE #: _____

Who will be picking up your child each day? _____

****For your child's safety, ANY change must be given to leaders in writing****

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

You Are Invited to:
Musical Theatre Camp
June 17-21, 2019
For All Children
Who Will Be Entering Grades 1 - 5 in the Fall



First United Methodist Church
224 Broad St.
Mailing Address: PO Box 178
325-347-5105

Musical Theater Camp

What: Besides singing and acting, we'll be learning about set and costume design, stage management, lighting, special effects, musical accompaniment, and all other aspects of putting on a production. Also snacks, games & Bible devotions.
"The Adventure of a Lifetime: Look in the Book"
Friday evening performance at 6:00 PM.

Dates: **June 17-21, 2019**

Who: **Children Entering
Grades 1-5 in Fall**



Times & Cost: **9 AM to 3 PM**
\$ 25 (Bring own Lunch) OR \$35 (Includes Lunch)

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

Please register your children on the attached form and bring or mail to the church. We ask that you register as early as possible, as **space is limited**. We also hope that you will volunteer to help in some way. Don't miss this chance to learn, make friends, and spread God's Word as we work together.

For More Information, Contact:
Carol Ann Weston, Director of Family Ministries
familyministries@fumcmason.org
325-347-5105
(YOUTH ASSISTANTS have a separate form.)

*** KEEP THIS PAGE ***

Registration Form – Musical Theater Camp 2019

1. **CHILD'S NAME:** _____
Date of Birth: _________ **Grade will be entering in Fall:** ___
Sex: ___ Food Allergies or Special Information: _____

2. **CHILD'S NAME:** _____
Date of Birth: _________ **Grade will be entering in Fall:** ___
Sex: ___ Food Allergies or Special Information: _____

PARENTS'/GUARDIANS' NAMES: _____

Child's Home Address: _____

Home Phone #: _____ Church Attended: _____

E-mail contact: _____

YES! I would like to help DURING Camp by:

___ Being an **Assistant Counselor** with a group of children (full or part time)

___ I would like to share my related gift/talent of _____

___ Helping during **Lunch or recreation time** on 1 or more days to give leaders a break.

** You will be contacted about particular times you are available, and about attending a training session on our Child/Youth Safety Policies.

___ **Help with Set up BEFORE CAMP on Sunday, June 16, 4:00 – 6:00 PM**

AND/OR Donating: ___ Snacks ___ Supplies ___ Money;
(We will contact you about particular items needed.)

***** IMPORTANT EMERGENCY FORM ON BACK *****