

# Federal Way Mission Church

405 S. 312th St. Federal Way, WA 98023 Tel: 253 326 7800

## Summer Day Camp

ELEMENTARY & MIDDLE SCHOOL July 5 – July 30 (10:00 am to 3:00 pm)

### REGISTRATION FORM

(One per Child)

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender:    M    F

Date of Birth \_\_\_\_\_ Grade Finished 2021 (학년): \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Child's Allergies (especially food allergies): \_\_\_\_\_

Other Helpful Information (illness, Medication, activity restriction), etc. \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### 여름학교 Activity 동의서 Consent Form and Liability Waiver

Medical Treatment & Liability Waiver 1. If at any time medical treatment is necessary for my child, I give consent for treatment to be given. I understand that every effort will be made to contact parent/guardian prior to emergency treatment. 2. I understand that Federal Way Mission Church will provide necessary and appropriate supervision of my child. I give my approval for my child's participation in all activities of the summer program and assume all risks and hazards incidental to such participation and do waive, release, absolve, indemnify and agree to hold harmless Federal Way Mission Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, or sickness as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child while involved in the children/youth activities.

Photo Release Permission 1. I give my permission for the Federal Way Mission Church Summer Program to use my child/children's picture for the missionary purposes and the website of Federal Way Mission Church

Registration Information 1. Federal Way Mission Church Summer Program reserves the right to discharge a child at any time without refund if there is a suspicion of bullying, abuse or misconduct.

Date: \_\_\_\_\_ *Parents Print Name* \_\_\_\_\_

*Signature(s)* \_\_\_\_\_

REGISTRATION FEE: \$300/CHILD



ApplePay to 253-326-7800



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