

**Boomerang Express Bible Camp  
Registration Form**

At Covenant Presbyterian Church  
July 27 through July 31, 2009, 1:00 p.m. to 4:00 p.m.

Pre-registration required

Kindergarten through 5<sup>th</sup> grade  
\$30.00 registration fee (scholarships available)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Home telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home e-mail address \_\_\_\_\_

Date of birth \_\_\_\_\_ Last school grade completed \_\_\_\_\_

In case of emergency contact \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Other info \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

Home Church \_\_\_\_\_

Name of a special friend your child might like to be with:

\*\*\*\*\***Medical Release**\*\*\*\*\*

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

Authorized Parent/Guardian Signature