

Li'l WROCs 2009 Summer Camp Registration

Additional registration forms can be downloaded from our website: www.westminster-church.org/wroc.htm

Please sign and return the *entire* registration form.

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Parent(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Child Pick-Up

Please designate up to three adults who have permission to pick up your child from daily activities. Participants will not be released from the program until a designated adult signs them out.

Name: _____

Relationship to Child: _____ Phone: _____

Name: _____

Relationship to Child: _____ Phone: _____

Name: _____

Relationship to Child: _____ Phone: _____

Class Registration

Please select the session(s) your child will attend:

Session I: July 6 - July 17

Name of Child: _____ \$ 75

Name of Child: _____ \$ 75

Name of Child: _____ \$ 75

Session II: July 20 - July 31

Name of Child: _____ \$ 75

Name of Child: _____ \$ 75

Name of Child: _____ \$ 75

Please complete information on back.

Total Cost: _____

Check Number: _____

Please return this form with checks made payable to: **WROC**
Westminster Presbyterian Church, c/o WROC, 2040 Washington Road, Pittsburgh, PA 15241

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Medical Information

Please list any physical or medical conditions your child has, including any known allergies.

Child's Name

Medical Concern/Allergy

Consent, Release, and Indemnity

I understand that participation in any of the WROC programming can present a risk of harm to the participant and that I have a personal responsibility for assuming any and all medical, hospital, and related expenses that may result from my own or my children's participation in any of the Recreation Center's programs.

I presently have satisfactory insurance coverage with:

Name of Insurance Carrier

Policy Number

I hereby release Westminster Presbyterian Church, affiliated and sponsored organizations, and its personnel, and agree to indemnify and hold harmless the church and its personnel from and against any liability of any nature whatsoever for any injury to myself and/or my son or daughter resulting or arising in any way from my/his or her participation in any programs offered through WROC Ministries.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

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