



FIRST CHRISTIAN CHURCH (Disciples of Christ) presents

FAITH FACTORY SUMMER CAMP
1601 Sunset Boulevard at Rice Boulevard
July 7-11, 2008

9:00 a.m. to 12:00 noon daily \* Closing Program 6:00 p.m. Friday

Full Name \_\_\_\_\_

Name Goes By \_\_\_\_\_ Birthdate \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Friend Request \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Allergies and/or medical instructions \_\_\_\_\_

Circle Appropriate Class: \_\_\_\_\_

Completed 1st 2nd 3rd 4th OR 5th grade

Completed kindergarten

Entering kindergarten

5 years old (not entering kindergarten)

4 years old

3 years old (potty trained/able to transition)

Circle T-Shirt Size: \_\_\_\_\_

Youth Small (6-8)

Youth Medium (10-12)

Youth Large (14-16)

Adult Small (32-34)

Adult Medium (36-38)

Adult Large (40-42)

Check all that apply: \_\_\_\_\_

Attends First Christian Church

Attends another church - which?

Current First Christian School student

Former First Christian School student

PARENTAL RELEASE FORM I certify that \_\_\_\_\_ has my permission to participate in Faith Factory Summer Camp. My child is in good health and physical condition and is adequately equipped to participate in this camp. I authorize the directors of Faith Factory Summer Camp to act for me according to their best judgment in any emergency requiring medical attention, including providing or arranging for first aid, medical attention by a physician or other medical personnel, or hospitalization, at the expense of the parent. I RELEASE AND HOLD HARMLESS FIRST CHRISTIAN CHURCH, ITS OFFICERS, TRUSTEES, MEMBERS AND EMPLOYEES FROM ALL LIABILITY FOR INJURY SUSTAINED AND/OR DAMAGE TO OR LOSS OF PERSONAL PROPERTY ARISING DIRECTLY OR INDIRECTLY WHILE ENROLLED IN THIS CAMP, INCLUDING LIABILITY CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF FIRST CHRISTIAN CHURCH, ITS OFFICERS, TRUSTEES, MEMBERS AND/OR EMPLOYEES. I certify I have read and understand this release, and agree to be legally bound by its terms.

Parent Signature \_\_\_\_\_

Please enclose SUMMER CAMP FEE. (Scholarships are available.)

Received by April 15: \$25.00 \* Received April 16-June 8: \$35.00 \* Received June 9-July 7: \$45.00

(First sibling pays full price, each additional sibling is \$5.00 off. Contributions welcome.)

Annette Tarver (Director) - 713-665-4881

Church Office/Staff - 713-526-2561