

Return form, copy of insurance card and money (\$100) to:
Attention: Rebecca Broadway UMC
 701 Broadway St
 Paducah, KY 42001

Trip Thru Wonderland

PUMP Camp--July 25-30, 2010

Name: _____
 Home #: _____ Cell #: _____
 Home Address: _____
 City, State, Zip: _____ Email: _____

T-Shirt Size (circle one): Youth: M, L Adult: S, M, L, XL, XXL, XXXL

I am a YOUTH/ADULT (circle one). *If an adult, go to Medical Release ADULT below.*

My youth director name/number is: _____

Parent Name(s): _____

Cell(s): _____

Email(s): _____

Medical History/known allergies to foods, drugs, bee stings, etc:

List of all medications currently taking, when you take them, and what they treat (attach separate sheet if you need to):

Physicians Name/Phone: _____

Insurance Information: (Please attach a copy of current insurance card to this form.)

Any further information that staff/volunteers should be aware of:

Medical Release Form 2010--YOUTH

I, _____, do hereby give my permission for my child to participate in Trip Thru Wonderland. It is my understanding that the staff and volunteers of Trip Thru Wonderland will take all necessary precautions to ensure the safety of my child. I also give permission for the staff or volunteers to obtain such medical treatment as deemed necessary. I understand that every effort will be made to contact me, or my alternate contact person.

Student Name (printed): _____

Parent Name (printed): _____

Parent Phone: _____

Alternative Emergency Contact Name/Relationship/Phone _____

Parent Signature: _____ Date: _____

Medical Release Form 2010--ADULT

I give permission for the staff or volunteers to obtain medical treatment as deemed necessary upon my behalf while participating with Trip Thru Wonderland. I understand that every effort will be made to contact my emergency contact person.

Emergency Contact Person/Relation/Phone: _____

Signature: _____ Date: _____

**Deadline to sign up: July 7-- Form/Info/\$ to be in hand by this date.
 You Don't want to be LATE FOR TEA!!!!!!**

