

Mt. Sinai Congregational United Church of Christ  
233 North Country Road, Mt. Sinai, NY  
Proudly Presents  
SERENGETI TREK Vacation Bible Camp 2009  
“Where Kids Are Wild About God”



**PLEASE COMPLETE ONE FORM PER CHILD REGISTERING**

**When:** July 6<sup>th</sup> through July 10<sup>th</sup> from 9am to 12noon daily – Also, mark your calendars for a special presentation on July 12 @ 10am.

**Cost for the week:** \$35 per child – please make checks payable to Mt. Sinai Congregational Church.

Our program is offered to children ages K thru 4<sup>th</sup> grade.

CHILDS NAME \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN  
OF REGISTERED CHILD \_\_\_\_\_

CONTACT # FOR CHILD  
WHILE @ CAMP      CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

IS THERE ANOTHER CHILD IN THE PROGRAM THAT YOUR CHILD WOULD LIKE TO BE WITH?

\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE FOOD ALLERGIES? – PLEASE SPECIFY

\_\_\_\_\_

(OVER)

If you any questions regarding the program, please contact Caroline LaVopa, VBC Director @ 631.473.1582 we look forward to seeing you soon.

**PROGRAM DATES July 6<sup>th</sup> through July 10<sup>th</sup>, 2009**

**Medical Release:** In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis, and/or treatment that is deemed necessary by Mt. Sinai Congregational, UCC Church or any paramedic, nurse, physician, or dentist.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(**REQUIRED** if participant is under 18 **OR** is covered by parent's insurance)

Participant's Name: \_\_\_\_\_

Mt. Sinai Congregational, United Church of Christ

**DISCLOSURE AND ACKNOWLEDGEMENT OF RISK**

- The program activities are designed to be within the capability of anyone who is in reasonably good health.
- Prospective day campers who are not in good health, who have pre-existing medical conditions, or who have questions about their current state of health should have their parents/guardians consult with their physician before participating. Consultation with a physician is recommended if you have any of the following conditions: nervous system disorders (epilepsy, seizures, etc.), heart disease, respiratory problems (asthma, emphysema, etc.), back or neck injuries, recent bone or joint injuries, recent surgeries, or judgment-impairing medications.
- The staff will take every reasonable precaution to assure participants' safety. However, any outdoor activity includes unforeseeable risks, including poisonous plants, wild or domestic animals, slips and falls, cuts, bruises, sprains, fractures, and exposure to the elements.
- The undersigned knowingly and voluntarily assumes all risks of injury arising out of, or in connection with, the programs, whether or not such risks are specifically foreseeable, including without limitation the following:
  1. Physical Exhaustion
  2. Exposure to Heat or Cold
  3. The Retreat Facilities

The undersigned covenants that he or she will not sue Mt. Sinai Congregational, United Church of Christ or otherwise pursue any claims for any risks or injuries identified in this document or otherwise arising out of the programs. The undersigned agrees to indemnify Mt. Sinai Congregational, United Church of Christ provide a defense, against any and all claims for any risks or injury arising out of, or in connection with, the programs.

Parents/Guardian's  
Signature \_\_\_\_\_ Date \_\_\_\_\_