

Camper Information

Cornwell Center at Myers Park Baptist Church

2001 Selwyn Avenue
Charlotte, NC 28207

First Name _____ Last Name _____

Address _____ Apartment #: _____

City _____ State _____ Zip _____

Home phone (_____) _____ Birth Date ____/____/____ Gender _____

Cornwell Center Member ____ Yes ____ No MPBC Member ____ Yes ____ No

Are you interested in volunteering to work camp? ____ Yes ____ No If so, what day (s) _____

If you do volunteer, ask about the discount

Camps – Please indicate which session you are enrolling in. _____

Parent/Emergency Contact Information:

First Name _____ Last Name _____

Work Phone _____ Cell _____ Email _____

First Name _____ Last Name _____

Work Phone _____ Cell _____ Email _____

Required Information:

• List all persons (other than parents-**Photo Identification will be needed**) authorized to pick participant up from camp: _____

• Snack will be provided at camp each day. Please list any and all allergies: _____

• Please list ANY additional information about the campers health (including medications, physical, behavioral, or emotional health) about which the camp staff should be aware: _____

Please circle camper's T-shirt size: **YOUTH** Small Medium Large

I understand that the Cornwell Center at Myers Park Baptist Church assumes no responsibility for injuries or illnesses which my child may sustain as a result of participation in any day camps, athletic activities, sports programs, the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all injury and illness which may result from participation in these. In consideration of the privilege of participating at the Cornwell Center, I hereby voluntarily release and discharge the Cornwell Center at Myers Park Baptist Church and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with the Cornwell Center director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine my child within a reasonable time prior to the start of the program/activity to determine my child is free of communicable disease and has not been exposed to such. I hereby give permission to the medical personnel selected by the Cornwell Center staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity. I give permission to the Cornwell Center to use photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting Cornwell Center programs and release the camp from any claim of liability to that use.

Signature of parent: _____ Date: _____

Signature of Cornwell Center staff: _____ Date: _____