



2021 Summer Splash Registration

Cost: \$50 (max \$150 per family)

We Need Your Help! \$30 credit if you volunteer for the week.

Must volunteer all 3 days for volunteer credit.

Date: _____
Amount Paid: _____
Cash Check #: _____ CC
Rec'd by: _____

Volunteer Opportunities: (Childcare available for 1-3 years old for parent volunteers)

_____ Team 45 _____ Activity Leader _____ Tech (sound, photo, video)
_____ Asst. Activity Leader
_____ Yes, I will need Childcare. Name & Ages: _____

Parent/Guardian Name (First & Last) _____

Address: _____ Apt. _____

City: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Home Church: _____

Child #1 Name: _____ M __ F__ Age: _____ Bday: ____/____/____

Grade in Fall 2021: ____ Food Allergies/Special Needs _____

Child #2 Name: _____ M __ F__ Age: _____ Bday: ____/____/____

Grade in Fall 2021: ____ Food Allergies/Special Needs _____

Child #3 Name: _____ M __ F__ Age: _____ Bday: ____/____/____

Grade in Fall 2021: ____ Food Allergies/Special Needs _____

Team 45: 4 yrs Old- Kindergarten: Your child will be participating in Team 45 for the entire week.

Please Note: **Your child must be age 4 by JUNE 1, 2021 and fully potty trained.**

1st - Entering 6th Grades: Please indicate top three choices (1st, 2nd, 3rd choice) in order of preference. Your child(ren) will be enrolled in **one** activity for the entire camp based on availability.

Number your top 3 choices: #1, 2, 3
Child #1: _____
 _____ Team 45 (ages 4 & 5)-FULL
 _____ Art-FULL
 _____ Baking (3rd–6th grades only)-FULL
 _____ Basketball (1st–3rd only) FULL
 _____ Cheer/Dance-FULL
 _____ Flag Football (4th–6th grades only)
 _____ Soccer (4-6th-only) FULL

Number your top 3 choices: #1, 2, 3
Child #2: _____
 _____ Team 45 (ages 4 & 5)-FULL
 _____ Art-FULL
 _____ Baking (3rd–6th grades only)-FULL
 _____ Basketball (1st–3rd only) FULL
 _____ Cheer/Dance-FULL
 _____ Flag Football (4th–6th grades only)
 _____ Soccer (4-6th-only) FULL

Number your top 3 choices: #1, 2, 3
Child #3: _____
 _____ Team 45 (ages 4 & 5)-FULL
 _____ Art-FULL
 _____ Baking (3rd–6th grades only)-FULL
 _____ Basketball (1st–3rd only) FULL
 _____ Cheer/Dance-FULL
 _____ Flag Football (4th–6th grades only)
 _____ Soccer (4-6th-only) FULL

Form continues on back **—————>**

Mission Hills Church Medical Authorization Form

Primary Emergency Contact: _____ Phone #: _____

Relationship to Child: _____

Secondary Emergency Contact: _____ Phone #: _____

Relationship to Child: _____

Primary Doctor: _____ Phone #: _____

Medical Insurance Co. _____

Policy #: _____ Phone #: _____

Any specific instructions for physician or nurse concerning specific physical or mental conditions or medications:

Child #1 _____

Child #2 _____

Child #3 _____

I (we), the parents/guardians of _____, do hereby authorize Mission Hills Church (MHC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on the child's release form. This medical release will be kept on file at Mission Hills Church.

(Signature of parent/guardian)

(Date)

Photo Release

I give permission for any pictures or videos taken of my child to be used for the Mission Hills church promotional materials such as brochures/flyers, worship folder, newsletters, MHC website, etc.

(Signature of parent/guardian)

(Date)

Summer Splash Payment Information

Payments for Summer Splash may be made by check, cash or credit card.

Cash and check payments can be made in person to the front office during office hours (Monday – Thursday, 9 am – 4 pm) or the Connection Center on Sunday mornings.

Credit card payments may be made by coming into the church office during office hours (Monday – Thursday, 9 am – 4 pm) or by filling out the information at the bottom of this page and returning the information with your registration paperwork. All credit card information will be shredded after July 6, 2021 (the start of Summer Splash).

Questions about registration and payments should be directed to Marjie Richardson at info@missionhillchurch.org or 760-759-2248.

Credit Card Payment Information

Name as it appears on Credit Card _____

Card # _____

Card expiration _____

Billing Address: _____

City, State, Zip: _____

Cardholder Signature: _____

Payment amount: # of children _____ X \$50 = _____

Cardholder phone number if there are any questions: _____