

Summer Trip Registration Form

Instructions:

1. Complete the front and back of each page of the registration form and **PRINT CLEARLY**.
2. One form per participant. Please use a second form to sign up a sibling or family member.
3. Please include a check (payable to Bryn Mawr Presbyterian) for the full payment with the registration form.
4. Turn or mail in to BMPC (625 Montgomery Avenue, Bryn Mawr, PA 19010), attention Amy Bauer.

Middle School Kirkwood Plunge Weekend, Stroudsburg, PA (*rising 6th & 7th Grade*)
June 12 – 14, 2020: \$150/person or \$250/family

High School Mission, BMPC Mission Partner, Mexico City, Mexico
July 12 – 18th, 2020 (*rising 9th – graduated 12th graders*)
Tiered pricing options: \$999 | \$1,250 | \$1,500

Join the BMPC Youth Mission team as we support the community and faith development efforts of our mission partner, Mosaico Urbano! Space is limited, so sign up as soon as possible!

CAMP Kirkwood, August 2– 8, 2020: (*rising 6th – rising 12th graders*)
Tiered pricing options: \$350 | \$400 | \$550

Check this box for potential Scholarship assistance.

CONTACT INFORMATION

PARENT/GUARDIAN CONTACT INFORMATION *(PLEASE PRINT CLEARLY)*

Participant's Last Name _____ Participant's First Name _____

Participant's Date of Birth (*MM/DD/YYYY*) _____ Current Grade in School _____

Tee Shirt Size (*Mission Trips & Camp Only*) _____

Parent(s)/Guardian Name _____

Home Phone _____ Cell _____ Work _____

E-Mail _____

Home Address _____ City _____ State ____ Zip _____

FOR INTERNATIONAL TRIPS ONLY:

Your Name as it Appears on Your Passport: _____

Passport Number: _____ Passport Expiration Date: _____

Please include a copy of your passport with your registration form.

Forms online at: <https://www.bmpc.org/ministries/youth-and-families/summer-experiences>

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian Name _____

Home Phone _____ Cell _____ Work _____

Contact Name _____ Relation _____

Home Phone _____ Cell _____ Work _____

Contact Name _____ Relation _____

Home Phone _____ Cell _____ Work _____

AUTHORIZED PERSON FOR PICK UP

Contact Name _____ Relation _____

Home Phone _____ Cell _____ Work _____

Contact Name _____ Relation _____

Home Phone _____ Cell _____ Work _____

IMAGE/NAME PERMISSION & RELEASE

Bryn Mawr Presbyterian Church may wish to photograph, videotape, or otherwise record the activities of the Church participants for the purpose of promoting the Church. We will not publish identifying information (i.e. name, grade) in conjunction with an image. I give permission for my child to be videotaped, photographed, and/or recorded, in connection with the Church. I give permission for BMPC to use said videotaped, photographed, and/or recorded materials in BMPC publications, websites, social media, CD's, DVD's or other media, for publicity purposes or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Child's Name (please print) _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

MEDICAL FORM

INSURANCE INFORMATION

Name of Insurance Policy Holder _____

Carrier _____ Policy # _____ Group # _____

PHYSICIAN INFORMATION

Physician's Name/Practice _____

Phone _____ Fax _____

Office Location _____ City _____ State _____ Zip _____

MEDICAL CONDITIONS

PLEASE CHECK ALL THAT APPLY

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health Conditions |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Dizziness/Fainting/Blackouts | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Orthopedic Problems |
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Chronic Bed Wetting | <input type="checkbox"/> (if applicable) Has your daughter had her first menstrual period? | |

ALLERGIES (Check) (Medication/Dosage)

- Aspirin
- Food Allergies
- Insect Stings
- Latex
- Other Medication
- Other Medication
- Penicillin
- Sulfa
- Tetracycline

REACTION (Describe)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

TREATMENT

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

SPECIAL MEDICATION: This information will be kept confidential. Please specify all medication(s) your child/student is currently taking, the dosage and how often it should be administered. Please note that we will not administer any medication during program hours unless we have written permission from you and your child/student's physician. Please be sure to supply any medication necessary for your child. **All medications should be clearly labeled with name and instructions and placed in a sealed, clear plastic bag.**

PLEASE NOTE: We are unable to dispense any medication without documentation from your child's doctor. This includes: aspirin, acetaminophen, ibuprofen, Benadryl, Epi-Pen.

MEDICAL TREATMENT PERMISSION & RELEASE

I desire my child to participate in the Bryn Mawr Presbyterian activity described herein (“the Program”). I understand that there are hazards and risks, as well as benefits, associated with my child’s participation in the Program. In consideration of the benefits of my child’s participation in the Program, I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise, and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against Bryn Mawr Presbyterian Church and/or its trustees, officers, employees, agents, assigns, contractors, or volunteers arising from or connected with my child’s participation in the Program, including the securing of medical treatment for my child during my child’s participation in the Program.

I give my permission to Bryn Mawr Presbyterian Church, its employees, agents, assigns, contractors, or volunteer supervisors to secure medical treatment for my child in the event that such treatment is needed during my child’s participation in the Program or related activities. I agree to assume financial responsibility for the cost of such treatment.

The laws of the Commonwealth of Pennsylvania shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions, terms, clauses, or waivers and releases shall be deemed servable, and all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

Parent(s)/Guardian Name (*please print*) _____

Parent(s)/Guardian Name (*signature*) _____ Date _____