Free Summer Camp Provided by Higher Heights Inc.

Kings Rising Camp Registration Form

TEL: 770-576-9989 EMAIL: eneta.l.todd@gmail.com
Address: 724 Rock Chapel Rd, Lithonia, GA 30058

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

CAMPER'/KING'S INFORMATION HERE

1. **Camper Information:**

❏ Male
❏ Check this box if address and phone are the same as yours

Name (First, Last): _____
Email Address:_____
Street Address:_____City:_____
State:_____Zip:_____
Home Phone:_____Date of Birth:_____
Age at time of camp:_____Grade entering this fall:_____

List all Allergies, Health Concerns, and Dietary Restrictions:

_____

YOUR INFORMATION HERE

2. **Parent #1/Guardian #1 Information:**

(all correspondence will be sent to this person)
Name (First, Last): _____DOB_____
Occupation: _____
Email Address: _____ **please be sure that your email address is valid. You will receive all correspondence to this email.*
Street Address:_____
City:_____State:_____Zip:_____
Home Phone:_____Work Phone:_____
Cell Phone:_____Relationship to Camper:_____
Custodial Parent: **Yes** **No (circle one)**

3. **Parent # 2/Guardian #2 Information:**

(note: all correspondence and invoices will be sent to the parent/guardian named above)
Name (First, Last):_____DOB_____
Occupation:_____
Email Address:_____**please be sure that your email address is valid. You will receive all correspondence to this email.*
Street Address:_____
City:_____State:_____Zip:_____
Home Phone:_____Work Phone:_____
Cell Phone:_____Relationship to Camper:_____
Custodial Parent: **Yes** **No (circle one)**

❏ Should be contacted in case of emergency and has permission to pick up camper.

4. **Emergency Contacts and Authorized Pick Up Persons:** (In addition to parents/guardians)

Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from

Name:_____
Relation to Camper:_____

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Home Phone:_____Cell/Work Phone:_____

Name:_____
Relation to Camper:_____
Home Phone:_____Cell/Work Phone:_____

5. How did you hear about Kings Rising Camp?:_____

6. PARENTAL CONSENT TO TREATMENT / ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

I understand these risks and release the directors, teachers, officers, coaches, and volunteers of Kings Rising from all liability for damages or injuries resulting from sports activities.

Kings Rising is not responsible for lost, stolen, or damaged personal articles.

I authorize Kings Rising to have and use photographs, slides, videotapes, and comments of the person(s) named on this application as needed in promotional materials and public relations programming.

Parent Signature_____
PRINT NAME_____

7. ADULT T-SHIRT SIZE:

- ❑ **XS**
- ❑ **S**
- ❑ **M**
- ❑ **L**
- ❑ **XL**
- ❑ **XXL**
- ❑ **XXXL**

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8.

Signature of Parent or Legal Guardian Date

Send form by email to eneta.l.todd@gmail.com

King's First and Last Name Printed Date

Camp Dates: June 3rd to June 27th
Time: 8am to 6pm
Location: Stronghold Christian Church