



SUMMER MUSIC DAY CAMP 2008

AUGUST 4TH - 8TH

9:00 A.M. to 3:00 P.M. DAILY

We are excited about the 2008 Children's Music Day Camp at Mayfield Road Baptist Church. The camp is open to all children who have COMPLETED Kindergarten through 6th grade.

In the mornings the children will be learning the musical, *Rock Solid - God's Promises for the Trail of Life* (which they will present Sunday, August 10th at 6:00 P.M.) and in the afternoons they will enjoy activities such as mission projects for under privileged children, movies, crafts and water games as well as field trips to fun places like "Pump It Up".

The cost for the week is \$45.00 per child. This cost covers their musical book and CD, snacks, activities and field trips. Every child needs to bring a sack lunch EACH DAY.

If you have any questions please call the church office 817.465.6101 and ask to talk with either Judy Bridges or Lee Deeds.

Please complete the form below and mail to: Music Day Camp Registration - c/o Mayfield Road Baptist Church - 1701 E. Mayfield Road - Arlington, TX 76014.

NAME _____

AGE: _____ BIRTH DATE: _____ GRADE COMPLETED: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PARENTS/LEGAL GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONES: _____

NOTE: REGISTRATION FEE IS DUE BY THE FIRST DAY OF CAMP (AUG. 6TH) AND THE "Medical Release/Authorization to Pick Up" FORM MUST BE COMPLETED BEFORE YOUR CHILD(REN) MAY ATTEND CAMP.

QUESTIONS?

CALL: 817.465.6101 OR ON THE WEB AT:
WWW.MAYFIELDROAD.ORG

MEDICAL RELEASE & AUTHORIZATION TO PICK UP FORM

Children's Ministry
Mayfield Road Baptist Church ~ Arlington, Texas

Name: _____ Birthdate: _____
Month/Day/Year

Home Address: _____ TEXAS _____
Street City State Zip

Parents/Legal Guardian: _____ Home Phone: _____

Person to Contact in Case of an Emergency: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Allergies: _____

Additional Medical Information: _____

Medical Release

In the event of an emergency and/or any situation where medical treatment may be required, I give my permission to the Children's Minister, Church Staff, or any Sponsor associated with Mayfield Road Baptist Church to obtain the services of a licensed physician. I realize that there will be an immediate attempt to notify me concerning such an emergency. If I am unavailable for immediate contact, I realize that there will be continued attempts to notify me while medical treatment is underway.

Insurance Group and Policy Number: _____

Hospital (in case of emergency): _____

Doctor's Name _____

Authorization to Pick Up

The name(s) of the following persons are authorized to pick up my child.

Note: Authorized persons to pick up preschoolers should be at least 18 years old.

| Name | Address | Phone |
|------|---------|-------|
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I give my permission for MEDICAL TREATMENT and AUTHORIZATION for PICK UP for my child.

Signature of Parent or Legal Guardian

Date