



MPC Kids Adventure Camp

A fun Day Camp For kids

Ages 7-12yrs . 9am - 4:00pm

Family Discount!

1st Child Full Fee
2nd Child 1/2 Fee
3rd Child Free!

Camp Questions

Contact:

Jim Beirne

425-344-4653
jim@mpclife.com

Families of multiple Campers: Fill out (1) form for each camper and Apply Discount

Name: _____ Grade in Fall 2024 _____

Address: _____

Phone: _____ Emergency Contact: _____ Phone: _____

Allergies: _____ Medications: _____

Student Section: I agree to all the rules and requirements given by the camp staff. I understand that if I fail to follow the instructions or directions or act in a manner deemed unsafe, my parent will be required to immediately pick me up with no refund.

Student Signature: _____ Date: _____

Parent Section: I agree to all the rules and requirements given by the camp staff. I understand that if my child fails to follow the instructions or directions or act in a manner deemed unsafe, I will be required to immediately pick him/her up with no refund.

Parent Signature: _____ Date: _____

Registration Checklist:

Medical Release Form

T-shirt Size (Circle) S M L XL

Camp Fees

Camp Fee \$300

Includes:

- * Lunch - Tuesday, Thursday, Friday
- * Daily Snacks
- * All Crafts, Supplies & Camp Activities
- * Transportation and Admission to all events and destinations

Make Checks Payable to:

MPC NextGen Ministries
4514 84th st sw
Mukilteo, WA 98275

Scholarships are available to any student who would like to attend . Please contact Jim Beirne at jim@mpclife.com Or for More information (425)344-4653



ANNUAL PERMISSION/CONSENT/LIABILITY RELEASE & CODE OF CONDUCT FORM

This form must be completed and returned to MPC Kids Ministry Administration before any child may participate in any MPC Kids Ministry activity or event.

Participant's full Legal Name: _____ Age: _____

Birth Date: _____

Address: _____ City: _____

_____ Zip: _____

Phone: _____ School: _____

_____ Grade: _____

Parent/Guardian Name(s): _____ Work/Cell

Phone: _____

TO WHOM IT MAY CONCERN

The undersigned hereby give(s) permission for our (my) child: _____ to attend and participate in Mukilteo Presbyterian Church's Kids Ministry activities, events and retreats during the calendar year 2023 - 24(from December 31, 2022 to December 31, 2024).

LIMITED RELEASE

In consideration of Mukilteo Presbyterian Church allowing the Participant to participate in MPC's Kids Ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Mukilteo Presbyterian Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses or any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the kids ministry activities. We (I), the parent(s) or legal guardian(s) of this Participant, hereby grant our (my) permission for the participation fully in MPC Kids Ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Authorization and permission is hereby given to the Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for the Participant. The undersigned agree(s) to hold harmless and indemnify the Church for any liability sustained by the Church as a result of negligent, willful or intentional acts of the Participant, including express incurred attendant thereto.

MEDICAL TREATMENT PERMISSION

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Sc on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY

Should it be necessary for our (my) child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION

The undersigned does also hereby give permission for our (my) child to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by the Church. My child and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

STUDENT CODE OF CONDUCT

- My child and I (we) understand that the MPC Kids Ministry Code of Conduct is applicable to the Participant at all times while involved with MPC Kids Ministries and the sponsored activities and events. My child and I (we) agree to:
- Recognize that everyone in the group is a part of the body of Christ. I will help everyone feel welcome and important.
- Respect the physical and emotional well-being of others by “doing unto them as I would want them to do unto me.” This includes refraining from harsh play or violence, refraining from harmful jokes, respecting the need for sleep, etc.
- Respect the things I use and the places I visit. The areas used for all events, including transportation, shall be left clean.
- Participate fully in all scheduled group activities and abide by additional group guidelines made during a special event or trip.
- Follow all instructions given by leaders/chaperones without protest. An instruction may be politely and discreetly questioned.
- Stay within the group or assigned sub-group at all times. I will not wander off alone or leave the activity site unless granted permission by an adult, and I will report for all designated check-in times.
- Hold safety in the highest regard, and refrain from compromising my own safety or another’s safety.
- Provide a trusting environment for my peers. When others share something about themselves in a group discussion, I will not repeat that information outside the group.
- Take initiative to inform my guests of their responsibility to follow these guidelines when they visit or participate in an event.

GUIDELINES FOR CONSEQUENCES

Consequences will focus on restoring peace with reconciliation among the parties involved. Any problems encountered will be handled within the group and by the adult leaders to the extent that this is possible. However, should a situation persist or become uncontrollable, the parent/legal guardian will be contacted and informed of the problem. Should the situation be urgent, the parent/legal guardian will be contacted immediately and will be responsible for picking up the child from an event or providing for his/her transportation home.

MEDICAL INFORMATION

Covered by medical insurance: YES: ___ NO: ___ Insurance Company: _____
Policy/Group ID: _____

Allergies or Medical Conditions:

Prescriptions or Medicines:

If needed, do you authorize giving pain medication (e.g. Tylenol or Advil) to your student? YES: ___
NO: ___

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (If Parent/Legal Guardian cannot be reached):

Relationship to Participant: _____ Phone:

STUDENT/PARTICIPANT AND PARENT/LEGAL GUARDIAN SIGNATURES

My signature on this Permission/Consent/Liability Release and Student Code of Conduct Form is an acknowledgement that I have read and understand these guidelines. I recognize that this is a permission slip, medical release form. I commit to abide by the provisions of this release form under the direction of MPC Student Ministries.

Parent/Legal Guardian Signature: _____ Date: _____

Student/Participant Signature: _____ Date: _____

Office Use Only:

Received by initials: _____

Date: _____