

To **register**, please choose one of the following options:

1. **Easiest!** Visit us online at [stpeters-umc.org](http://stpeters-umc.org) to our homepage. On the right side of the page find the DONATE now link. Follow the link to make a payment. In the DESCRIPTION portion input Basketball 2018, #of children attending and your child's last name (if it is different from your last name). Please print and bring verification of payment and along with this registration form to your first day of camp.
2. Complete and mail form and check payable to **St. Peter's UMC** to:  
St. Peter's UMC  
12200 W Forest Hill Blvd  
Wellington, FL 33414

**Need to Know Information: (Please read carefully)**

- \$150 for each child with a \$10 discount for each additional child.
- Sessions begin at 9am and end at 2:30pm. Please use the West parking lot entrance for drop off and pickup. Check in will be located at the main entry point. **All campers must be checked-in and out daily at the main entrance.**
- Children must be picked-up **promptly** at 2:30pm.
- Children must bring snacks and lunch each day.
- For your child's safety and comfort, please have them wear appropriate athletic attire.

**Registration Information:**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Child's Physician Name/Phone: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Alternative Caregiver Pick-up Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*In case of accident or illness, I request that St. Peter's United Methodist Church (UMC) attempt to contact me at the phone numbers given. If a parent cannot be reached, I hereby authorize St. Peter's UMC to contact my child's physician and, if necessary, to transport my child to his/her physician, or to the nearest hospital. I also give St. Peter's UMC the right and permission to use, re-use, electronically reproduce, publish, and re-publish photographs that may feature or include my son/daughter. I also grant permission to use my son/daughter's name in connection with the camp if the company chooses so. I release and discharge St. Peter's UMC and the coaches involved from all claims arising out of or in connection with the use of the photographs, including any and all claims or libel.*

\_\_\_\_\_ I agree with the above statement.

\_\_\_\_\_ Please do not use my child's photo.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_