



Registration Form

July 11th-July 15th

PLEASE PRINT

Camper's Name _____ Boy Girl

Address _____

City/State/Zip _____

Primary Phone _____ (circle what applies) Mom Dad Work Cell Home

Secondary Phone _____ (circle what applies) Mom Dad Work Cell Home

Campers Age or Grade this fall _____ Date of Birth ____/____/____

Parents Name

Mom _____

Dad _____

Emergency Contact _____ Phone _____

Campers Age as of July 11th _____

Insurance: Company: _____ Policy Group # _____

Allergies _____

Medication _____

T shirt size _____

Registration Fee _____ Cash or checks only (checks made payable to Oak Grove Church)

Medical Release Form

I give permission for medical attention to be given to _____
my son or daughter in case of accident or medical emergency. I realize that I will be contacted at the
earliest possible moment if such an emergency arises.

Signed: _____

(Parent or legal guardian)

Name of people authorized to pick my child up from camp _____

_____ Date: _____

LOCATION:

The camp will be held at Seeman Park in Golden Valley

The park is located one block north of Golden Valley Rd between Florida Ave and Hampshire Ave.

TIME:

5:45pm Check in/Registration daily

8pm Family Time and Pick Up

In the event of rain the camp will be held at Oak Grove Church, 5920 Golden Valley Road Golden Valley MN 55422, in the gym.

Optional

_____ I would like to attend the MN United Soccer Game on July 16th for an additional \$18/ticket

#_____ tickets x \$18 = _____ ticket total