

Registration Form for 2025 Summer Activities

First Presbyterian Church, Kerrville, Texas

Please fill out both sides and complete a separate form for each child

My child plans to attend:

<input type="checkbox"/>	Mission Kerrville	June 3-7 9am — 3pm	Rising 2nd-rising 6th graders
<input type="checkbox"/>	Creative Camp	July 14-17 1— 4pm	Rising Kinder-rising 6th graders

Participant Full Name	Nickname (if applicable)
Parent(s) or Guardian(s) Name	Home Phone
Home Address	City/State/Zip
Cell Phone	Work Phone
Date of Birth	Grade for 2025-2026 School Year
Parent Email	Secondary Email
Emergency Contact 1	Emergency Contact 1 Phone
Emergency Contact 2	Emergency Contact 2 Phone
Describe Your Child's Swimming Abilities: (Mission Kerrville only)	I would like to be a chaperone and/or provide transportation for one of the activities: Yes No (Mission Kerrville only) <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> <input type="checkbox"/> </div>

The following individuals may pick up my child: (please list name and phone number)

1.	3.
2.	4.

Photo Release Information

- I give First Presbyterian Church of Kerrville permission to use my child's photo in the following publications:
- The local newspaper
 - The church newsletter
 - The church website
- I do not give First Presbyterian Church of Kerrville permission to use my child's photo in any publication.

Parent Signature	Date
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First Presbyterian Church
800 Jefferson Street, Kerrville, Texas 78028
Permission, Release and Medical Information Form

As parent or legal guardian, I give permission for my child to participate in the church's planned summer activities, June 2025 through July 2025. I will be given a schedule of events through the summer, including where the group is going, when they will leave and when they will return. I realize that the children will be transported to and from the church in the church bus or in privately owned vehicles as needed. I understand that my child will be properly supervised and all reasonable precautions will be taken to ensure their safety. Only adult advisors/chaperones will be allowed to drive, and everyone will be required to wear seat belts at all times while traveling. Nevertheless, I realize that there are risks inherent in trips such as these, and I agree not to hold First Presbyterian Church, its staff or volunteer advisors/chaperones responsible for any accident that may occur on this trip.

I give permission for medical treatment to be administered should it be necessary for the welfare of my child. I understand that reasonable efforts will be made to reach me by phone before any medical treatment is authorized, but emergency care will be administered without delay.

Insurance Company
Adult Name under which the child is insured
Participant Plan/Group/ID Number
Known Food Allergies
Known Drug Allergies
Current Medications
Medical Conditions
Is there anything else we need to know about your child:

Parent Signature	Date
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