



For children Kindergarten - 5th grade

June 20-21, 2008 8:00AM – 5:00 PM

June 22, 2008 9:00AM – 1:00PM

Fair Oaks Church

1925 Risdon Road, Concord, 94518 (925)687-4810 www.fairoaks.org

Child's Name _____ Age _____ Grade in Fall _____ M / F Birthdate _____

Address _____ City _____ Zip _____

Parent(s) Name(s): Father _____ Mother _____

Phone (____) _____ In case of emergency contact _____ @ _____
Name Phone or cell #

Church you attend if any _____ Email _____

Registration Fee for Day Camp \$25.00

T-shirt size Please circle one: Youth: S (6-8) M (10-12) L (14-16)
Adult: S (34 - 36) M (38-40) L (42-44) XL (46)

(Optional) Name of another camper _____ that this camper would like to have in his /her group.

Mail completed registration form and check (made out to Fair Oaks Church) to:

1925 Risdon Rd. Concord 94518

(Additional registration forms can be found online at www.fairoaks.org)

Special Activity Authorization for Minors

My child, _____, has my permission to participate in all program activities of the Power Zone Sports Camp at Fair Oaks Church, during June of 2008, and to receive any medical, surgical, or first aid attention that might be required in the event of accident or illness. I hereby release Fair Oaks Church; it's pastoral, staff, membership and Day Camp personnel from any liability arising from his/her participation in day camp June 20-22, 2008.

The participant has the following chronic illness, allergy or restriction in his/her activity which would affect his/her participation or medical treatment; (If none, please state) _____

Food Allergies _____

Doctor's Name _____ Dr.'s Phone # _____

Medical Insurance Carrier _____ Policy No. or Kaiser ID# _____

Signature of Parent () Guardian () _____ Date _____

Date _____ Amount Received _____ Cash _____ Check # _____ Assigned Group _____