



SLIMETIME LIVE SUMMER CAMP REGISTRATION

Name: _____

Grade: _____ Date of Birth: _____ Gender: M F

Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Name and phone number of individual that can pick-up and drop-off your child at camp:

Allergies:

Please return this form to the church office: Central UMC, 3882 Highland Rd, Waterford, MI 48328