

BRICE SUMMER CAMP REGISTRATION FORM

Brice UM Church
PHONE: 614.866.3025
WEB: <https://www.bricechurch.org/>



By completing this form you acknowledge that you're giving up certain legal rights and hereby represent and warrant to Brice UMC: (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf. Please note this agreement requires you to read the Program Agreements on pages 5 and 6.

Please provide your email address below to receive your registration confirmation, newsletters and information guide! IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED, INCLUDING PAYMENT INFORMATION

CAMP WEEK: **June 1-4** **June 8-11** **June 15-18** **June 22-25**

MAIN CONTACT

LAST NAME: _____ FIRST NAME: _____
GENDER: M F WORK PHONE: _____ CELL PHONE: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
EMAIL: _____

SECONDARY CONTACT /ALTERNATE

LAST NAME: _____ FIRST NAME: _____
GENDER: M F WORK PHONE: _____ CELL PHONE: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
EMAIL: _____

CHILD INFORMATION

LAST NAME: _____ FIRST NAME: _____
GENDER: M F WORK PHONE: _____ CELL PHONE: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____
EMAIL: _____

EMERGENCY PICK UP OR ALTERNATE PICK UP

This is a person over-the age of 16 who is authorized to pickup your child and can be contacted by _____ staff when the parent/guardian can't be reached.

RELATIONSHIP: _____ FULL NAME: _____
PHONE: _____

Campers 11 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16. If your child is 12 or older does she/he have your permission to be released on their own at the end of their camp day?

Yes No

Signature: _____

Business Conduct Guidelines

The safety of each individual in the program is of the utmost importance to Brice UMC. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by Brice UMC staff. I hereby agree that any behavior of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, Brice UMC reserves the right to alter the program at any time without notice or compensation to the Registrant.

I have read and understand the Business Conduct Guidelines.

Signature: _____

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?

Yes No

If yes, we will contact you for additional information

HEALTH HISTORY AND PERSONAL INFORMATION

The more information you can provide, the better we can meet the needs of your child. This information will be used by the Day Camp/Childcare Director, and your child's counselors to support your child. If there is additional information of a sensitive nature, please feel free to send a separate letter marked 'confidential' to the attention of the Day Camp or Childcare Director. Whatever information you send to us will be treated with confidence and respect. We encourage, but do not require, a medical examination.

Is the participant under any form of treatment for an illness, condition or injury? Yes No

If yes, please explain and detail routines, medications, adaptations etc. We also require you to complete a Medication Dispensing Form.

- Does your child require 1-1 support while at camp? Yes No

If yes, please make sure you have filled out the online inquiry form and connected with us, prior to filling out this registration form. If you have not, please email us and we will send you the link to the inquiry form _____.

- Does your child have any medical or behavioral conditions that we should be aware of? Yes No

- Does your child use a puffer? Yes No

- Wears Medic-Alert Bracelet: Yes No For: _____

- Carries Epi-pen: Yes No

Allergies: Seasonal: Yes No Drugs: Yes No Food: Yes No

Insect: Yes No Other: _____

Dietary needs or restrictions (please provide details below):

Gluten free Lactose intolerant Vegetarian Other: _____

PAYMENT METHOD

Your balance is due at the time of registration.

Weekly Camp Fee \$ 150.00
Total Fees Due \$ _____



Method of payment: Please indicate your payment method below.

CREDIT CARD/ONLINE - Please complete your payment using the QR code here:

CONFIRMATION #: _____

DATE: _____

- Check - Please make check payable to Brice UMC
- Money Order - Please make payable to Brice UMC

CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

You will receive confirmation of registration within two weeks of receipt of your completed forms. If you have not received your confirmation of registration within two weeks please contact Brice Church Office at 614.866.3025 to make sure your registration was received. All balances must be paid in full by **May 25, 2026**, and registrations processed after that date must be paid in full. If full payment is not received prior to the program start date, Brice UMC reserves the right to cancel the registration without notice, and cancellation charges will be applied. Requests for cancellations or refunds must be made in writing and submitted to Brice UMC. Cancellation requests received at least 16 business days before the start of camp will receive a refund minus an administration fee of \$40 per program being cancelled. Cancellation requests received with less than 16 business days' notice will receive a refund minus an administration fee of 50% of the cost of the program being cancelled. Cancellation requests that are received less than 5 business days prior to the start of the program being requested to cancel will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. Refunds are not granted for inclement weather.

I have read and understand the Cancellation and Refund Statement. Signature: _____

PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

PURPOSES: For marketing, advertising, promotional and/or communication purposes, Brice UMC may, from time to time, take photographs and/or video recordings of Summer Camp based activities or events that include real people, which may be used by Brice UMC, for its own informational, promotional or advertising purposes, and by any other person authorized by Brice UMC (an "Authorized Third Party") to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party's support for, association with, or arrangements with, Brice UMC (collectively, the "Purposes").

For valuable consideration received but without any promise of remuneration, I hereby agree to allow photographs and/or video recordings to be taken of me, whether posed or candid, while I am on Brice UMC property and/or participating in Brice UMC activities or events, to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the Brice UMC or any Authorized Third Party in connection with the Purposes, including without limitation on Brice UMC internet web sites, in Brice UMC printed materials, or in any other materials or medium whatsoever and wherever (the "Work Product"). I confirm that neither Brice UMC nor any Authorized Third Party shall be obligated to use the Work Product. I understand that the Work Product is being created under the direction and control of Brice UMC. I hereby irrevocably assign to Brice UMC any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favor of Brice UMC and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product. I agree that Brice UMC has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright. I agree that I will not bring or consent to others bringing a claim or action against Brice UMC on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. I hereby release and forever discharge each of Brice UMCs, any Authorized Third Party and their respective officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product. I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf. Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version.

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form. Date: _____ Phone No.: _____

Print Name of Participant: _____ Telephone No.: _____

Address: _____

Signature of Participant _____

Print Name of Parent or Guardian, if applicable _____

Signature of Parent or Guardian, if applicable _____

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While Brice UMC staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's (defined below) participation in a Summer Camp program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge Brice UMC ("Brice Summer Camp"), its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

_____ PLEASE INITIAL

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the registrant, and immediate contact by Brice UMC with a designated contact cannot be made, I hereby authorize and grant permission to Brice UMC staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold Brice UMC responsible for any costs or injury arising out of an emergency situation.

_____ PLEASE INITIAL

COMMITMENT TO PRIVACY

Brice UMC is committed to protecting personal information by following responsible information handling practices. We collect and use information you volunteer when you access or register for a summer camp program, in order to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the Program in which you are registered, and to satisfy government and regulatory requirements. You may also hear from us periodically about other church or camp programs, services and opportunities that may interest and benefit you. For more information on our commitment to privacy, or if you do not wish to receive such communications from Brice UMC, please visit our website at bricechurch.org or call Church Office at 614.866.3025.

_____ PLEASE INITIAL

DISCLAIMER

All programs and busing are subject to change or cancellation due to low enrollment or other unforeseen circumstances that are prohibitive to the operation of the program.

_____ PLEASE INITIAL

REGISTRATION AGREEMENT

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement, Commitment to Privacy Statement and Disclaimer.

_____ PLEASE INITIAL

Date: _____

Child Name: _____

Name of parent or guardian: _____

Parent or guardian signature: _____

For office use only

Date Received: _____ Date Processed: _____

Staff Initials: _____

Receipt Sent by: _____

Email _____

Barcode: _____

Brice Summer Camp Code of Conduct & Discipline

Brice United Methodist Church is committed to providing a safe, enjoyable and positive camp experience. To ensure this, campers and parents are expected to immediately report any personal offenses or threatening situations to the camp director and/or the program supervisor. All campers are expected to follow the "Camp Code of Conduct."

Camp Code of Conduct

As a camper I will:

- Always try to do my best.
- Be kind and respectful to everyone at camp.
- Stay with and listen to my group counselor and follow their directions.
- Know and follow the camp rules.
- Participate in the activities planned for the day to the best of my ability.
- Keep my hands, feet and teeth to myself.
- Use polite words and communicate in an appropriate manner, which means I will not use abusive or offensive language or gestures or use a mean tone of voice.
- Not bully, gossip, intimidate, tease, horseplay, or demonstrate any other unkind behaviors.
- Solve problems positively.
- Use equipment, supplies and facilities appropriately.
- Respect the property of others and NOT bring electronics, toys, and/or games to camp.
- Be fully responsible for my actions and understand that inappropriate behavior will result in disciplinary action.
- Make new friends, have a ton of fun, share new experiences and have a terrific summer!

Disciplinary Measures May Include:

Verbal warnings	Time out from activities
Phone call(s) to parent/caregiver	Parent/caregiver conference
Suspension from camp	Immediate dismissal without a refund

We will make every attempt to make sure your child is participating and enjoying camp. Our policy is to maintain open communication with the parents/caregivers when a discipline problem occurs. A positive approach will be used regarding discipline. If inappropriate behavior occurs, a prompt resolution will be sought specific to each individual situation. In extreme cases, it may be necessary to suspend or remove your camper from the program. All disciplinary issues will be documented. If disciplinary issues continue the department may expel the camper from the program with no refund. The summer camp reserve the right to dismiss a participant whose behavior is a direct threat to the safety of their self, staff members or other campers with no refund. Direct threat is defined as uninvited contact that can or does result in a bruise, laceration, abrasion, fracture, puncture or some other measurable change to a person. Our highest concern is safety. Thank You for your cooperation!

I have read and understand the Code of Conduct.

Signature: _____

2/26/2026