

MPC STUDENTS COAST CAMP 2021 REGISTRATION FORM



SCHOLARSHIPS AVAILABLE

Name: _____ Grade in Fall 2021 _____

Address: _____

Phone: _____ Emergency Contact: _____ Phone: _____

Allergies: _____ Medications: _____

Student Section: I agree to all the rules and requirements given by the camp staff. I understand that if I fail to follow the instructions or directions or act in a manner deemed unsafe, my parent will be required to immediately pick me up with no refund.

Student Signature: _____ Date: _____

Parent Section: I agree to all the rules and requirements given by the camp staff. I understand that if my child fails to follow the instructions or directions or act in a manner deemed unsafe, I will be required to immediately pick him/her up with no refund.

Parent Signature: _____ Date: _____

Registration Checklist:

Water Waiver

Deposit

Medical Release Form

T-shirt Size (Circle) S M L XL

Fee: \$250.00

Check Amt. _____ # _____

DEPOSIT DUE AUGUST 1ST

Cash Amt. _____ Scholarship Amt. _____

* BALANCE DUE AUGUST 14TH *

Total: _____

Checks Payable to:
MPC Student Ministries