

# CMT Registration Form Summer 2018

## Camper Information

Please print in dark ink.

2017-2018

Grade  
(NOW!)

Birthdate  
(MM/DD/YY)

Current School

June 4-8

June 11-15

June 18-22

July 30 - Aug 10

Requested Session

☐ 1 ☐ 2 ☐ 3 ☐ 4A

☐ 4B

☐ 1 ☐ 2 ☐ 3 ☐ 4A

☐ 4B

☐ 1 ☐ 2 ☐ 3 ☐ 4A

☐ 4B

☐ 1 ☐ 2 ☐ 3 ☐ 4A

☐ 4B

FOR REGISTRAR  
USE ONLY

First and Last Name

1<sup>st</sup> Child \_\_\_\_\_ ☐ boy ☐ girl \_\_\_\_\_

2<sup>nd</sup> Child \_\_\_\_\_ ☐ boy ☐ girl \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_ ☐ boy ☐ girl \_\_\_\_\_

4<sup>th</sup> Child \_\_\_\_\_ ☐ boy ☐ girl \_\_\_\_\_

## Family/Address/Contact Information (REQUIRED!)

☐ Check this box if information has changed.

Parents' Names (both parents, if applicable) or Guardian's First and Last Names:

\_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address (most communication is done by e-mail): \_\_\_\_\_

☐ We are new to CMT!

Present Church Membership, if any:

\_\_\_\_\_

Primary Phone \_\_\_\_\_

Back-up Phone \_\_\_\_\_

## Emergency Contact Information

Please print.

If parents aren't available, please contact:

Phone Number

Friend/Relative \_\_\_\_\_

Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

Does your child have special needs, allergies, or a medical condition we should be aware of? ☐ Yes ☐ No  
If yes, please explain: (Use the back of the form if more space is needed.)

\_\_\_\_\_

\_\_\_\_\_

## Release Statement

I give permission for any images, likenesses, or quotes taken of my child to be used for publicity purposes including but not limited to newsletters, brochures, website, and videos.

I give my permission for CMT to seek and authorize any necessary medical treatment for my child(ren) in the unlikely event of a medical emergency.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

FOR REGISTRAR USE ONLY

### CMT Registration Cost

Circle Amount

1 child \$500.00

2 children \$800.00

3 or more children \$975.00

### Scholarship Donation

(tax deductible): \_\_\_\_\_

AMOUNT PAID

CHECK#

☐ Scholarship application attached.

Amount requested: \_\_\_\_\_

Full payment (check or cash - no credit cards) is expected at the time of registration, however, scholarships and payment plans are available.

Financial Aid form is available online.

Checks should be made payable to CMT.

*A check IS required to be placed on the wait list.*

Did you sign this form? (See Release Statement)

Attach check here.

