

www.StonemillAtlanta.org

- Who?** 1st Grade to 5th Grade
- When?** Monday, June 10th to Thursday, June 13th
- Where?** Stonemill Church Atlanta /@ The Berkeley Lake Chapel
4043 S. Berkeley Lake Rd, Berkeley Lake, Ga 30096
- Time?** 9:30am to 3pm
For your convenience our incredible
Volunteers will be on site since 9am
- Cost?** \$50 per camper

Let us know if you are interested in making a contribution to our scholarship fund. These funds bless families who may not be able to send their child to camp.

StonemillKIDS SummerCAMP is sponsored by Stonemill Church Atlanta. You can register your child at www.StonemillAtlanta.org or in person at the Church. For more information you can contact StonemillKIDS at info@stonemillatlanta.org.

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Parents Name _____ Child's Name _____

(HEY!!! I WANT To Volunteer At The Camp!!!)

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

School Name _____ Birthday _____ Gender _____

Grade Entering in the Fall _____ T-Shirt Size _____

How did you hear about Stonemill Church Atlanta?

Do you regularly attend church? _____ if so, where? _____

For internal use only

Amount Paid: \$50

Paid by:

Cash Check #

Online

Date: _____

RECEIVED BY _____

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Campers and Parents,

We are so excited about our **2024 StonemillKIDS SummerCAMP!**

Please see below the things that campers need to know:

Do NOT forget to bring

- Towel
- Bathing Suit
- Sunscreen
- Re-Fillable Water Bottle
- Lunch — please send your lunch in an insulated bag; no microwavable lunches; you may pack snacks as well.
- Dress for Outside Play; NO sandals or opened toe shoes
- Hat
- Backpack
- Make Sure to LABEL ALL belongings with first and last name

Items we are collecting for donations:

Sunscreen | Paper Towels | Hand Sanitizer | Bug Spray
Juice Boxes | Water Bottles | Goldfish | Ice Cream

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Medical Release Form

This form must be notarized and turned in with a copy of an insurance card.

Camper Name Age Birthday/...../.....
Address City St Zip
In Case of Emergency Contact
Phone Number (Mobile)

Medical Profile

Generally, Camper's health is (check one) Excellent Good Fair Poor

If fair or poor, please explain condition:

Current Medical Problems being treated for:

Circle any of the following that cause you problems explain

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness Stomach Upset Hay Fever

Explanation of any problems: List any

current medications:

Any medications Camper is allergic:

List Any previous operations or serious illnesses:

List any special diet or special needs:

Childhood Diseases (**Circle** any that apply) Chicken Pox Measles Mumps Whooping Cough Other

Date of Tetanus Immunization:/...../..... Family Physician

Phone..... Insurance Company Policy #

Place of Employment..... Occupation Phone

Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and those photos/videos may be used in promotional materials. I understand, do hereby verify that the above information is correct and I do hereby release and forever discharge **StonemillKIDS SummerCAMP** or event sponsors, or state conventions and their employees from any and all claims, demands, actions or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event while on property leased or owned by Stonemill Church Atlanta.

Complete and sign below (Required for anyone under 18)

Parent/Legal Guardian Signature..... Date

www.StonemillAtlanta.org

www.stonemillatlanta.org

2105 Newpoint Place, Ste 100 • Lawrenceville, GA 30043 • 678.886.4502

Medical Insurance
"Waiver of Liability"

(This form must be filled out only if you do not have Medical Insurance)

It is understood by Stonemill Church Atlanta, and myself,
that my child, does not possess medical insurance at this
time. In the event medical services are required, neither Stonemill Church Atlanta
nor StonemillKIDS SummerCAMP will be liable for any expenses incurred.

.....
Parent Name (Print)

.....
Parent Signature

.....
Child Name

.....
Date