

Registration Form

Name: _____ Age: _____ Grade: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ School: _____

My student has permission to attend any of the activities or camps at the MFCC.
In case of an emergency the MFCC staff/volunteers has the right to seek treatment for my child if necessary when attending any of the activities or camps.

Parents/Guardian signature: _____

In case of emergency please contact:

Name: _____ Number: _____

Hospital preferred: _____ Doctor's Name: _____

Please state which camp/event you are going to on the line below:

Photo/media Permission slip

Occasionally pictures of the children attending MFCC youth activities may appear in the media concerning special events at the Center etc. Please fill out the information below.

I, _____, the parent/guardian of _____

Give permission to us my child's picture in media publications.

Parent/guardian signature

Permission to go on Outings

I give my child _____ permission to go with Midtown staff to go on walk, parks, or school playgrounds when they attend camps.

Parent Name

Parent Signature

Date