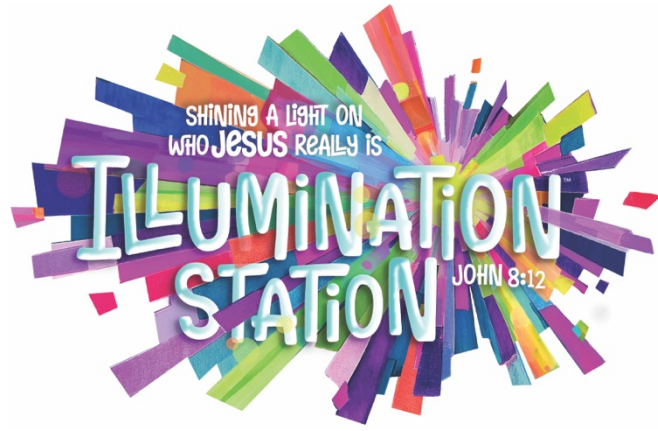


Summer Camp 2026

For ages 3 years to those who completed 5th grade
June 29th – July 3rd, 2026, 9 AM to 12 PM

REGISTRATION FORM

Hosted by Central Church, 240 Main St., Huntington 11743
(631) 421-3663 / centch@optonline.net
centralpresbyterianchurch.net



Parents / Guardians: Please PRINT clearly below

Name: _____ Age: _____ D.O.B. _____ Grade Completed: _____
Address: _____ City/State: _____ Zip: _____
Phone: _____ Emergency Contact / Phone: _____
Email Address: _____ School Child Attends: _____
Pre-Registration Cost: \$5 per child / \$15 maximum per family [] Prepaid [] I will pay on the first day.
Day of Registration Cost: \$10 per child / \$30 maximum per family

PARENT / GUARDIAN PERMISSION & RELEASE OF MEDICAL RECORDS

In signing this application, I hereby certify that this information is correct and my (circle one) son / daughter / other (please state nature of relationship if other: _____) has my permission to attend Summer Camp at Central Church (240 Main St., Huntington, NY 11743) from **June 29 – July 3, 2026**, and for the release of medical records in case of illness. In the case of medical emergency, I understand that every effort will be made to contact me (the parent / guardian / other) of the above-named child. In the event I cannot be reached, I hereby give permission to the physician selected by the advisors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named herein.

Family Physician or Clinic: _____ Phone Number: _____
Health insurance info: _____

Is participant in general good health and able to participate in all normal activities? [] yes [] no
If no, please submit a statement on the reverse side indicating limitation.

Allergies (specify nature of allergic reaction):

___ Animals ___ Food
___ Hay Fever ___ Insect Stings
___ Plants / Pollen
___ Medicines / Drugs
___ Other: _____

Other Health Conditions:

___ Convulsions ___ Fainting
___ Emotional Disturbances ___ Hearing Impairment
___ Hyperactivity ___ Nosebleeds
___ Special Diet ___ Eyeglasses / Contacts
___ Other: _____

Is there other information that we need to know about your child? _____

(Please print) Parent / Guardian: _____ Parent / Guardian Signature: _____ Date: _____

PERMISSION TO USE PICTURES

I am the parent or legal guardian of the child named below (the "Child"). I understand that my Child may appear alone or together with others in pictures taken in connection with activities conducted or sponsored by Central Church Huntington (the "Church"). I hereby freely, voluntarily, and without right to or expectation of any compensation, grant the Church full permission, without reservation, to use such pictures, whether in original or edited form, in Church publications of any medium or format including but not limited to still photographs, motion pictures, videos, digital images, brochures, reports, posters, the Church's websites, etc. I also agree to waive, and do hereby waive, any claims against the Church its employees, officers, agents, and members based upon or related to its permitted use of such pictures.

(Please print) Parent / Guardian: _____ Parent / Guardian Signature: _____ Date: _____

Return this form to the Central Church office by mail, email, or in person. The office is open Tuesday to Friday, 8:30 a.m. to 1 p.m.
(Office use only) Date Registration Received: _____ Payment Received: [] cash [] check # _____