

**PINEWOODS PRESBYTERIAN CHURCH**  
2198 Hwy 297-A, Cantonment, Florida 32533  
Phone: (850) 968-9342

**Pinewoods Soccer Camp 2011**  
**Welcome Letter to Parents and Guardians**

Dear Pinewoods Soccer Camp Parents and Guardians,

We are very excited about the upcoming Pinewoods Soccer Camp 2011 and your decision to allow your child to attend. Our commitment to you is to have a safe and enjoyable camp. Your child will be learning soccer skills in a wholesome and encouraging environment. More importantly, your child will be learning about God's love and goodness.

As a part of the registration process, we are asking you to complete and return several forms. These are necessary to ensure that we have a well organized and safe soccer camp. These forms are as follows:

1. Registration Form
2. Parental Permission and Medical Release Form
3. Child Check in and Check out Form

These forms will be available at the church office, by mail, and by email. Please read, complete, and sign the forms as indicated. They can be returned to the Pinewoods Church Office from 8:00 a.m. to 4:30 p.m., Monday through Friday prior to the beginning of the soccer camp, or they can be brought on the first day of camp to the Fellowship Hall at the church between 4:30 p.m. and 5:00 p.m. where there will be a registration table. As a reminder, the following information about the Pinewoods Soccer Camp is included below. Also, we will make a camp schedule available to you.

Where: Pinewoods Presbyterian Church  
2198 Highway 297-A  
Cantonment, Florida 32533

When: June 27 – July 1, 2011  
Monday through Friday  
5 p.m. to 8 p.m.

Contact: Church Office Phone Number: 968-9342  
Pinewoods Soccer Camp 2011 Email: [info@pinewoodschurch.org](mailto:info@pinewoodschurch.org)

What to bring: Your child should wear appropriate soccer attire and bring a soccer ball, if he or she has one, to each camp session. In addition, your child may bring sunscreen and shin guards if you wish.

We are looking forward to a wonderful week!

Very respectfully,  
The Pinewoods Soccer Camp 2011 Staff

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**Pinewoods Soccer Camp  
Registration Form**

**Children's Information**

1. Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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**Family Information**

5. Parent(s) or Guardian(s): \_\_\_\_\_

6. Street Address: \_\_\_\_\_

7. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8. Home Phone Number: \_\_\_\_\_ 8. Work Phone Number: \_\_\_\_\_

9. Cellular Phone Number: \_\_\_\_\_

10. Email: \_\_\_\_\_

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**Pinewoods Soccer Camp  
Parental Consent and Medical Release Form**

**A.** As parent or guardian of the following child(ren) who will be attending Pinewoods Soccer Camp:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

I hereby give permission for my child(ren) to participate in the Pinewoods Soccer Camp at Pinewoods Presbyterian Church, Cantonment, Florida, from 5 p.m. to 8 p.m., Monday through Friday evening.

**B.** If my child should become ill or injured while at the Pinewoods Soccer Camp, I expect the church to contact me immediately. If I cannot be reached, I expect the church to contact the emergency contact person(s) I have designated below.

**C.** If I or the individuals I designate cannot be contacted after a reasonable attempt or should there be an emergency requiring immediate action, I authorize an adult in whose care the minor has been entrusted to consent to any medical and/or dental diagnosis and treatment necessary for my child's health and safety.

**D.** The licensed medical and/or dental personnel and/or facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I agree to be financially responsible for medical and/or dental payments due for services rendered to my child in the case of an emergency. In the case of a minor illness or injury, I authorize the church to provide first aid.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contacts and Phone Numbers:

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**F.** Please list allergies or special medical problems of each child:

\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

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**Pinewoods Soccer Camp**  
**Pinewoods Policy for Checking In and Checking Out Children**

We are committed to protect the safety and welfare of the children who attend the Pinewoods Soccer Camp 2011 sponsored by the Pinewoods Presbyterian Church. To ensure the well being of our children, there needs to be a clear policy on checking in and checking out children. This policy should be understood and accepted by both Pinewoods ministry staff and the parents or guardians of the children in our care. This policy statement provides necessary guidance and a parental agreement form for the checking in and checking out of your children.

**Checking in.** Checking in time will be from 4:45 p.m.-5:00 p.m., Monday through Friday. Campers will be checked in at the registration desk in the Fellowship Hall of the main building. Once checked in, campers will be placed under the care of the staff for the remainder of the camp session.

**Checking out.** Checking out time will be promptly at 8 p.m., Monday through Friday. At the completion of the camp, the camper must be checked out to the parent or guardian or designated individual at the registration desk in the Fellowship Hall. If something prevents a parent or guardian or designated individual from checking out a child on time, please contact the church office or the camp director, as soon as possible.

**Please see the back of this page to give instructions for checking in and checking out your child(ren).**

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**Thank you.**

**Pinewoods Soccer Camp  
Parent or Guardian Agreement for Checking-In and Checking-Out Children**

I, \_\_\_\_\_, am the parent or guardian of the following child(ren) who will be attending the Pinewoods Soccer Camp:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please check the appropriate boxes below indicating who will be checking-in and checking-out your child(ren) at the Pinewoods Soccer Camp. Thank you.**

I am the **ONLY PERSON** allowed to check-in or check-out my child(ren).

I designate the following individual(s) to check-in or check-out my child(ren). (This is in addition to parents who have custody and legal guardians.)

1. Designated Individual: \_\_\_\_\_

Contact Information of Individual: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

2. Designated Individual: \_\_\_\_\_

Contact Information of Individual: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date