



The Second Mile Center 313-245-5252
18391 Morang, Detroit, MI 48205

Summer Program 2011' Registration Form (one per child)

Child's Name _____

Birth Date _____ Child's age _____ Last school grade completed _____

Parent or Guardian Name _____

Address _____
Street City State Zip

Phone () _____ Parents' Cell () _____

Alternative Contact _____ Relationship _____

Phone () _____ Cell Phone () _____

Home e-mail address: _____

Medical Concerns

Name of Insurance _____ Name of Holder _____

Contract # _____ Allergies/Concerns _____

Medications being taken _____

Participate & Medical Release (if I am not present)

I give permission for my child to participate in the Summer Programs at The Second Mile Center. I understand that if I have indicated that I will pick up my child, that I will do so in a timely manner. Any children not picked up by 3:00 pm will be dismissed from the program. I give the required consents, authorizations and hereby release The Second Mile Center, Presbytery of Detroit and its employees, agents, representatives and volunteers from any and all responsibility for any accidents or injuries that might occur during this program. If during an activity my student has a medical emergency, and I cannot be reached, I authorize an adult leader of the activity to obtain —and consent to— any medical treatment that a medical practitioner determines is necessary.

Parent/Guardian Name _____ Signature _____

Publicity Release

I give The Second Mile Center and its churches permission to use my youth's name and photos in non-commercial promotional materials (publications, website, Facebook, or on the local news) and publicity regarding various activities of The Second Mile Center. I hereby waive the right to inspect or approve finished photographs, or the use to which may be put.

Parent/Guardian Name _____ Signature _____