

Grace Episcopal Church & Our Savior Lutheran Summer 2016 Arts Camp – July 18-22 Camper Registration

Name of Camper _____

Age _____ Grade for Fall 2016 _____

T-shirt Size: adult S M L or youth XS S M L (please circle)

Parent(s) Name(s) _____

1st Phone Contact: _____

2nd Phone Contact: _____

3rd Phone Contact: _____

Please list phone numbers according to priority as emergency contacts, and indicate which parent we should ask for at the number.

Email(s) _____

Address _____

Emergency Contact (other than parent/guardian)

Name _____

Phone(s) _____

Relationship to Camper _____

Camp Fee _____ \$25/child _____ \$80 family rate

Please make checks payable to: Grace Episcopal Church, Arts Camp in the memo

Grace Episcopal Church & Our Savior Lutheran Summer 2016 Arts Camp – July 18-22 Parent Consent & Camper's Pledge

Event Location: Grace Episcopal Church, 1213 6th Street, Port Huron

Parents:

I/We grant permission for _____ (child's name) to participate in Arts Camp.

I/We understand that Arts Camp will take place Monday July 18th, from 9am-1pm, to Friday July 22nd. Campers will be dropped off no earlier than 8:30am and picked up by 1:15pm each day. The cost of \$25/child or \$80/family will be paid at the time of registration. This fee includes lunch and snacks each day of camp and a t-shirt for each camper, in addition to costs of camp including, but not limited to, paying for instructors and materials.

Parent or Guardian signature _____

Parents & Campers:

We understand that for every Camper to have the most fun, it is important that everyone attending Arts Camp participates fully and with good spirit. Therefore we agree to the following pledge, as shown by our signatures:

I (the Camper) will participate fully in each activity.

I will show respect for Instructors and Leaders, Counselors, other campers, myself, and the building and materials around me.

Should there be any misunderstanding between myself and another Camper, I will first try to work it out with that person. If I need help, I will talk to a camp Counselor or Leader.

If I am unable or unwilling to participate in a safe and constructive manner, my parents/guardians and I fully understand that they will be contacted and I will be sent home from camp. Arts Camp will not be able to refund the camp fee if I should be sent home for reasons of non-compliance or disruptive or unsafe behavior.

Camper signature _____

Parent/Guardian signature _____

Grace Episcopal Church & Our Savior Lutheran Summer 2016 Arts Camp – July 18-22 Junior Counselor Registration

Name of Jr Counselor _____

Age _____ Grade for Fall 2016 _____

T-shirt Size: adult S M L or youth XS S M L (please circle)

Parent(s) Name(s) _____

1st Phone Contact: _____

2nd Phone Contact: _____

3rd Phone Contact: _____

Please list phone numbers according to priority as emergency contacts, and indicate which parent we should ask for at the number.

Email(s) _____

Address _____

Emergency Contact (other than parent/guardian)

Name _____

Phone(s) _____

Relationship to Jr Counselor _____

Camp Fee _____ \$25 for Jr Counselor to offset the cost of t-shirt & food

Please make checks payable to: Grace Episcopal Church, Arts Camp in the memo

Grace Episcopal Church & Our Savior Lutheran Summer 2016 Arts Camp – July 18-22 Parent Consent & Junior Counselor's Pledge

Event Location: Grace Episcopal Church, 1213 6th Street, Port Huron

Parents:

I/We grant permission for _____ (child's name) to participate in Arts Camp.

I/We understand that Arts Camp will take place Monday July 18th, from 9am-1pm, to Friday July 22nd. The cost of \$25 will be paid at the time of registration. This fee includes lunch and snacks each day of camp and a t-shirt for each Junior Counselor, in addition to costs of camp including, but not limited to, paying for instructors and materials.

Parent or Guardian signature _____

Parents & Junior Counselor:

We understand that for every Camper to have the most fun, it is important that everyone attending Arts Camp participates fully and with good spirit. Therefore we agree to the following pledge, as shown by our signatures:

As a Junior Counselor, I will participate fully in each activity and will be a positive role model for younger Campers.

I will show respect for Instructors and Leaders, other Counselors, Campers, myself, and the building and materials around me.

I will strive to act as a mentor and helper to the Campers, but will ask an older Counselor or Adult for help if I need it.

If I am unable or unwilling to model positive and helpful behaviors, my parents/guardians and I fully understand that they will be contacted and I will be sent home from camp. Arts Camp will not be able to refund the camp fee if I should be sent home for reasons of non-compliance or disruptive or unsafe behavior.

Jr Counselor signature _____

Parent/Guardian signature _____

Grace Episcopal Church & Our Savior Lutheran Summer 2016 Arts Camp – July 18-22 Senior Counselor Registration

Name of Sr Counselor _____

Age _____ Grade for Fall 2016 _____

T-shirt Size: adult S M L or youth XS S M L (please circle)

Parent(s) Name(s) _____

1st Phone Contact: _____

2nd Phone Contact: _____

3rd Phone Contact: _____

Please list phone numbers according to priority as emergency contacts, and indicate which parent we should ask for at the number.

Email(s) _____

Address _____

Emergency Contact (other than parent/guardian)

Name _____

Phone(s) _____

Relationship to Sr Counselor _____

Camp Fee _____ \$25 for Sr Counselor to offset the cost of t-shirt & food

Please make checks payable to: Grace Episcopal Church, Arts Camp in the memo

Grace Episcopal Church & Our Savior Lutheran Summer 2016 Arts Camp – July 18-22 Parent Consent & Senior Counselor’s Pledge

Event Location: Grace Episcopal Church, 1213 6th Street, Port Huron

Parents:

I/We grant permission for _____ (child’s name) to participate in Arts Camp.

I/We understand that Arts Camp will take place Monday July 18th, from 9am-1pm, to Friday July 22nd. The cost of \$25 will be paid at the time of registration. This fee includes lunch and snacks each day of camp and a t-shirt for each Senior Counselor, in addition to costs of camp including, but not limited to, paying for instructors and materials.

Parent or Guardian signature _____

Parents & Senior Counselor:

We understand that for every Camper to have the most fun, it is important that everyone attending Arts Camp participates fully and with good spirit. Therefore we agree to the following pledge, as shown by our signatures:

As a Senior Counselor, I will take on a leadership role in helping Campers to follow directions, to participate in and complete activities, and to problem solve when needed.

I will show respect for Instructors and Leaders, other Counselors, Campers, myself, and the building and materials around me, and I will model that respect for the Campers.

I will strive to act as a mentor and helper to the Campers and Junior Counselors.

I understand that I am not signing up to attend Arts Camp as a Camper. When possible, I will be able to participate in projects, but my main role will be to help the camp run smoothly and safely. I further understand that if I choose not to fulfill my duties, my parents/guardian will be called to take me home and camp fees will not be refunded.

Sr Counselor signature _____

Parent/Guardian signature _____

Grace Episcopal Church & Our Savior Lutheran Summer 2016 Arts Camp – July 18-22

Medical Release

Medical Information and Authorization

Event Location: Grace Episcopal Church, 1213 6th Street, Port Huron

Participant's Name _____

Birth Date _____

Medical Information _____

Doctor's Name & Phone Number _____

Health Information & Medications _____

Allergies (please include ALL known allergies, including food and medication) _____

Medical Release (cont'd)

Special Needs/Other important information about my child _____

Insurance Information: (please check one)

I/We have medical insurance coverage for the above named participant.

Company _____

Policy # _____ Group # _____

Name of Policy Holder _____

I/We acknowledge that the above named participant is not covered by any medical insurance policy and understand that I/we are responsible for all costs.

In the event of an emergency, I understand that every effort will be made to contact me as quickly as possible. I hereby authorize and adult leader of this activity to act as agent for me to consent to any medical, dental, or surgical treatment necessary by a licensed medical professional. I acknowledge that I am financially responsible for any emergency medical or dental costs.

Parent/Guaridan (print) _____

Signature _____

Grace Episcopal Church & Our Savior Lutheran Summer 2016 Arts Camp – July 18-22 Photo Waiver

I, _____, the parent or legal guardian of
(print adult's name)

Please list all Camper's & Counselor's names you're your family

Give permission to use my child(ren)'s image in the following formats:

Yes No In-house displays of Arts Camp

Yes No On the Grace Episcopal Church and/or Our Savior Lutheran public website

Yes No Future Arts Camp flyers or advertising

Yes No The Grace Episcopal Church and/or Our Savior Lutheran Facebook page

Children's names will never be posted with their photos on any of the above formats.

Please don't hesitate to be specific; we fully understand that while some families aren't worried about their children's photos being "out there" for others, it is a serious concern and possible safety issue. We will honor your requests to the letter and always err on the side of caution if we are in any doubt.