



Christ Church Merritt Levitan Memorial 2016 Creative Arts Camps

Please complete and return this form along with a nonrefundable deposit of \$50 to:

Kathleen Turner
Christ Church Frederica
6329 Frederica Road
St. Simons Island, GA 31522

*Your child's place in Christ Church Creative Arts Summer Camps is reserved when your registration form and payment has been received. **Please make check payable to Christ Church Creative Arts Camp***

Please check your choice of session(s):

___ June 27-July 1

___ July 11-15

Summer Camp 2016 Camper Information and Registration Form

Camper's Name _____

Nickname _____ Grade in School (Fall 2016) _____

School Attending _____

Parent/Guardian Name(s) _____

Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Primary Telephone _____

Secondary Telephone _____

Email(s) _____

Health Summary and Emergency Contact

Any specific medical conditions?

Allergies (food, medicines, plants or insects)

Medicines to be taken during the day

Emergency Contact #1

Name _____ Relationship _____

Primary Telephone _____ Secondary Telephone _____

Emergency Contact #2

Name _____ Relationship _____

Primary Telephone _____ Secondary Telephone _____

Physician Name _____ Telephone _____

Insurance Carrier _____

Policy # _____ Group # _____

Telephone _____

Party responsible for payment _____

Medical Release

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper medical services. I hereby release Kathleen Turner, Christ Church, Frederica and its staff and aides, from all responsibility for any consequences from such medical services and any and all claims and causes of action that may arise from such medical services insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Name of parent/guardian (Please print) _____

Signature of parent/guardian _____

Date _____

Photo Release

I hereby grant permission to Miss Kathleen's Music Studio to use my photograph, and/or my child's photograph, on its website, in publicity materials or other official printed publications without further consideration, and acknowledge Miss Kathleen's Music Studio its right to crop or treat the photograph at its discretion. I also acknowledge that Miss Kathleen's Music Studio may choose not to use the photo at this time, but may do so at its own discretion at a later date. I also understand that once the image is posted on the Miss Kathleen's Music Studio website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following:

Miss Kathleen's Music Studio, its staff and aides
Christ Church, Frederica, its staff and aides

Name of parent/guardian (Please print)_____

Signature of parent/guardian _____

Date _____

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For Office Use Only

___ Camper registration paperwork received

___ Deposit received \$_____ Date _____ Method of Payment _____

___ Tuition received \$_____ Date _____ Method of Payment _____