

Registration Form

Mail or drop off at the CLC

<u>Camp</u>	<u>Price</u>	<u>Deposit</u>
<input type="checkbox"/> Art Camp I (FULL)	\$115	\$25
<input type="checkbox"/> Art Camp II(FULL)	\$115	\$25
<input type="checkbox"/> Day Camp I (FULL)	\$110	\$25
<input type="checkbox"/> Day Camp II	\$110	\$25
<input type="checkbox"/> Sports Camp	\$30	\$10
<input type="checkbox"/> Mini Dribblers	\$30	\$10
<input type="checkbox"/> Soccer	\$70	\$25
<input type="checkbox"/> Basketball	\$70	\$25
<input type="checkbox"/> Baseball	\$70	\$25
<input type="checkbox"/> Outdoor Challenge	\$400	\$50

Child's Name _____

Address _____

Parent/Guardian _____

Phone _____

Email _____

Birthday _____ Grade _____

Emergency Contact/Phone _____

I give permission for my child to participate in this Advent camp. I realize some risk is involved, even with precautions taken. I have viewed the facility and acknowledge that the equipment and area meet my satisfaction. I give permission for my child to ride in vans when needed. If my child is injured or needs a physician's care, I understand that all efforts will be made to reach a parent/guardian. In the event that I cannot be reached, I hereby give permission for Advent camp staff to authorize medical care. I will not hold Advent Presbyterian Church, it's staff, volunteers or camp staff responsible for any injury that might result through participation in this camp.

Parent/Guardian Signature _____ Date _____

Method of payment - Office Use Only

Check Cash

Deposit _____ Mail/Drop Off

Balance _____