

REGISTRATION

Worship Arts Camp 2023

Monday-Friday, June 12-16 & Sunday, June 18

Child's Full Name: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____

Parent/Guardian(s) Cell Phone: _____

Parent/Guardian(s) Email: _____

Alternate Emergency Contact Name: _____ Cell Phone: _____

Other approved pick-up persons for my child (child will not be released to anyone unlisted on this form):

Communion:

- My child is allowed to take communion when offered. (All communion is gluten free.)
- My child is **not** allowed to take communion when offered.

Child's tee shirt size (pick one): Youth: XS S M L XL 2XL

Adult: XS S M L XL 2XL 3XL

Camp participants will lead worship at Monte Vista Christian Church on June 18th.

- My child **will be able** to participate in the Sunday worship service at 10am on June 18th.
- My child **is unable** to participate in the Sunday worship service at 10am on June 18th.

Medical needs:

List any dietary restrictions: _____

Any known allergies? Yes No

Allergies to Medications, foods, or other: _____

Signature

Date

Worship Arts Camp 2023 Registration, continued

Child's Full Name: _____ Age: _____ Grade: _____

Please enumerate any conditions (e.g., allergies, medications, chronic conditions, emotional or behavioral traits) or special circumstances which may affect program participation, or anything else staff may need to know. Special needs of any child do not eliminate them from participation; our staff would just like to prepare accordingly for any needs to make children and families feel safe and cared for.

Legal Release

I, _____, parent/guardian of the child listed on this form, authorize the leaders of the event to authorize emergency medical care, if necessary.

I have provided a copy of my child's insurance card and other relevant paperwork.

Further, I do hereby assume all risk for the activities at this event and will hold Monte Vista Christian Church, Christian Church of the Southwest, and their Trustees, employees, agents, volunteers, and sponsors harmless from any and all liability. Participants take full responsibility for all possessions including electronic devices.

Signature Date

I grant permission for photos of my child taken during the event to be used for publicity purposes on websites and published materials, including but not limited to advertising materials. I understand that my child's name will not be published in connection with the photos.

Signature Date

Weekday sessions of Worship Arts Camp run from 9:00am-noon. Go to montevista.org or call us for more information.

Please return this and all supporting documents to the Monte Vista church office in hard copy or by email to office@montevista.org