

2017 CHILDREN'S MUSIC CAMP

June 12-16 * 9am – 2pm

*Music * Acting * Sets * Costumes * Instrument Building
LOTS of Fun!*

Open to all children who have completed Grades 2-6.



JOSEPH from the pit to the palace

During the week, campers will prepare a musical that they will share in a performance for Family & Friends on Friday, June 16 at 7pm.

Participants will need to bring a sack lunch every day.
Pre-registration is required. Registration Deadline: Friday, June 2.

Questions?

Call or text Kathy Edwards at (615) 478-7859 or email Rev. Mary Dicken at mary@stmarkstn.org



REGISTRATION FORM

St. Mark's UMC Children's Music Camp

June 12-16 * 9am-2pm Registration Deadline: June 2

NAME _____

Parent(s) / Guardian(s) _____

Address _____

Phone: Home _____ Cell _____ Work _____

Email _____

Most Recently Completed Grade _____ (*Must have completed Grades 2-6*)

T-Shirt Size _____

Alternate Contact _____

(If someone other than parent/guardian is responsible for child)

A Medical Release Form also needs to be completed for each child participating in the Music Camp. Children not having completed the form will not be able to participate, so please complete as soon as possible!

The fee for Children's Music Camp is \$10 for each participant.

Make Checks payable to "St. Mark's UMC".

(Please mark "Children's Music Camp" on memo line.)

Scholarships are available, if needed. (*Just let us know!*)

Return Registration & Medical Release Forms (with Payment) by Friday, June 2.

**ST. MARK'S UNITED METHODIST CHURCH
2017 CHILDREN'S MUSIC CAMP
MEDICAL RELEASE FORM**

CHILD'S NAME _____ BIRTH DATE _____

ADDRESS _____

NAME OF MOTHER _____ DAYTIME PHONE _____

NAME OF FATHER _____ DAYTIME PHONE _____

OTHER EMERGENCY NAME AND NUMBER _____

FAMILY MEDICAL/HOSPITAL INSURANCE INFORMATION

NAME COVERAGE UNDER _____

CARRIER _____ POLICY/GROUP # _____

ANY HEALTH CONCERNS? _____

PARENT AUTHORIZATION

The person herein described has my permission to engage in all prescribed activities except as noted by me or our physician on this form. I hereby give permission to any physician selected by the St. Mark's Children's Music Camp leaders to order X-rays, routine tests and treatment as needed for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the St. Mark's Children's Music Camp leaders to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above.

PARENT'S SIGNATURE _____ DATE _____