

Parent/Guardian Permission and Medical Authorization

_____ has my permission to attend activities with leaders from St. Michael and All Angels Church.

I understand the activities will be under the supervision of one or more adult leaders approved by the church. I waive any claim against the church and its approved leaders.

In case of a medical emergency, I understand that effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the adult leader to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above.

Medical Insurance, if applicable _____

Company Name

Policy Number

Member ID #

Family Doctor or Clinic _____ Office Phone # _____

Food or Drug Allergies: _____

Dose your child have any needs we should be aware of, so that we may provide him or her with the best possible camp experience?

_____ Date

_____ Signature of Parent/Guardian

Media Authorization & Behavior Contract

_____ I do give permission for my child and/or photograph to be used for publication and/or on the church's internet website.

_____ I do not give permission for my child and/or photograph to be used for publication and/or on the church's internet website.

_____ (must check to show agreement) I have read and understand that my child will be expected to follow the ARTS camp rules and behavior guidelines.

Violators will be warned; further problems will result in dismissal from camp without reimbursement.

A – Accept Directions Promptly

R – Right Attitude

T – Treat Others & Property Respectfully

S – Safety 1st

_____ Date

_____ Signature of Parent/ Guardian

Cost of Camp

COST (includes supplies and lunch for the week) \$100/1st child \$75 /2nd child \$50/3rd child or more.

_____ \$10 per child registration fee required (applied to balance) Balance due by June 1,2019

_____ Financial Aid Requested

Limited Financial Aid available

Register will follow-up per request

Your check is your reservation. Please complete this form and mail, with check, payable to:

St. Michael and All Angels Episcopal Church, Attention: Horizons Arts/Arts Camp, 6630 Nail Avenue Mission, Kansas 66202