

Rock Lake Arts Camp

Registration Form 2017

Check which week you are interested in coming: July 10-14, 2017 _____ July 17-21, 2017 _____

PERSONAL AND CONTACT INFORMATION

Date _____
Student's Full Name _____ Age _____ Birthdate _____
Parent's/Guardian _____ Siblings _____
Is the parent/guardian interested in volunteering during any part of the camp? _____
Address _____ City _____ Zip _____
Home Phone _____ Work _____ Cell _____
Emergency Contact _____
Parent Email _____
Prior Arts Experience _____

Where did you hear about RLAC? _____
Special Needs:
Dietary _____ Allergies _____
Other _____ Limitations _____

PARTICIPANT'S T-SHIRT SIZE

Please circle one: Small 6-8, Medium 10-12, Large 14-16, Adult S, Adult M, Adult L, Adult XL

CLASS SELECTIONS

Rock Lake Arts Camp July 10-14, 2017 (rising grades)

Grades 1-3 _____ Grades 4-6 _____ Grades 7-9 _____

Rock Lake Arts Camp July 17-21, 2017 (rising grades)

Grades 1-3 _____ Grades 4-6 _____ Grades 7-9 _____

DONATION

Interested in donating to Rock Lake Arts Camp for 2017? If so, please fill out the following information below. Upon receiving your donation we will send you acknowledgement of your financial contribution.

(Please make checks payable to RLPC and write Arts Camp in the memo line)

Yes, I would love to make a contribution to Rock Lake Arts Camp. Included is my check for:

\$25 _____ \$50 _____ \$75 _____ \$100 _____ Other _____

APPLICATION

Return completed application packets to:

Rock Lake Presbyterian Church
Attn: Rock Lake Arts Camp
905 Village Drive
South Charleston, WV 25309

OFFICE USE ONLY

Date Received _____ Date Placed _____

NOTES

WAIVER OF LIABILITY

The following must be signed by the participant and or in the case of a minor, by their legal parent or guardian.

I, for myself, my executor, my administrator, my heirs, and assigns, do hereby release and discharge Rock Lake Presbyterian Church, including the church session, church members, agents, instructors, each director of the program, volunteers, choreographers, employees, and anyone who supervises class or event from any and all claims for personal injury, damages, demands, or actions, whatsoever, in any manner arising or growing out of participation in any Rock Lake Presbyterian Church Program or activity.

I attest and verify that I have full knowledge of the risks involved in the programs or events offered by Rock Lake Presbyterian Church.

I, being, the parent/legal guardian of the participant, a minor, do hereby appoint Rock Lake Presbyterian Church to act on my behalf, in the event that I cannot be contacted, to authorize or refuse necessary minor medical treatment or emergency major medical treatment while participating in a Rock Lake Presbyterian program. I understand that I will be responsible for the payment of all costs incurred incident to such treatment. I will not hold Rock Lake Presbyterian Church in any way responsible for accidents and/or injury to the child that are wholly or in part resulting from facilities, acts or omissions not directly managed by Rock Lake Presbyterian Church or associated faculty/staff/volunteers.

I hereby consent that any photographs and videos in which the above named individual appears while in a Rock Lake Presbyterian Church activity may be used by Rock Lake Presbyterian Church and any of its ministries for promotional and informational use, and for personal souvenir or keepsake memorabilia. No names of children or volunteers will be used.

I state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to the said minor and to me. I understand that the minor will not be able to participate in any Rock Lake Presbyterian Church activities without entering into this agreement. This document is binding on myself, the said minor any person suing on behalf of said minor.

In addition, I have read, agree, and understand the policies, regulations, and guidelines.

PLEASE PRINT

Name of Participant: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Name of Parent/Guardian _____

Signature if over 21 _____

Witness _____ Date _____