

Broadmoor Community Church, United Church of Christ

**Summer 2019
Music and Arts Camp**

Rising Kindergarten through 8th grades
Monday, June 24 through Friday, June 28 9:00am - 3:00pm
Performances, Friday, June 28 and Sunday, June 30

Family Information:

Parent/Guardian Name	Home Address (Street, City, Zip)

Contact Information:

Phone Information Home Phone / Daytime Phone	Cell Phone	Email

Person(s) authorized to pick up my child (other than parent/guardian):

Local Emergency Contact:

Child Information:

Child's Name	Age	Grade entering in Fall	M/F	T-Shirt Size (see list of sizes below)

T-shirt Sizes: Youth, S (6-8) Youth, M (10-12) Youth, L (14-16) Youth, XL (18-20) Adult, M Adult L Adult XL

Enrollment fee: \$60.00 for first child, \$50.00 for each additional child in same family. To register, enclose both your enrollment fee and enrollment form. Please make checks payable to: Broadmoor Community Church, 315 Lake Ave., Colorado Springs, CO 80906. Scholarships available upon request. Volunteer hours for working during the camp week can be exchanged towards enrollment fee. Contact Lynn Hurst @ 719-473-1807 x116 or lhurst@broadmoorchurch.org.

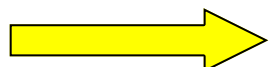
I will commit to being at both performances of the musical on Friday, June 28 at 7:00pm and Sunday, June 30 at 10:00am. Yes _____ No _____

***** DON'T FORGET TO BRING A SACK LUNCH EACH DAY *****

Office Use below:

Date received: _____ Amount : _____ Check # / Cash: _____
Volunteer hours committed: _____

OVER



Children's Ministries Authorization Form

Photo Release

Music and Arts Camp has permission to photograph my children during Music and Arts Camp 2019 events and use these photos in promotional publications.

Parent Medical Authorization

I/We grant permission for steps to be taken as are necessary to obtain emergency medical care for my children. The steps include, but are not limited to:

1. Attempt to contact parent/guardian.
2. Attempt to contact the child's physician or another physician if he/she is not available.
3. Attempt to contact a parent through the emergency contact persons listed.
4. If necessary, call an ambulance or have the child taken to the nearest emergency room by Music and Arts Camp or BCC staff.
5. Any expense incurred under item 4 will be the responsibility of the child's family.
6. The Music and Arts Camp and BCC will not be responsible for anything that may happen as the result of false or incomplete information given at the time of registration, or as a result of the child not being signed in by an adult into the Music and Arts Camp.

I agree to comply with the above procedures and the release of medical information provided on this registration form should an emergency occur.

Child 1: _____ Allergies/Special Needs? Describe below.

Child 2: _____ Allergies/Special Needs? Describe below.

Child 3: _____ Allergies/Special Needs? Describe below.

Child 4: _____ Allergies/Special Needs? Describe below.

Name of physician _____ Phone _____

Print Name _____ Date _____

Your signatures indicate that you have agreed to the terms of the Photo Release and the Medication Authorization.

MEDICAL AUTHORIZATION: Parent/Guardian Signature _____

PHOTO RELEASE: Parent/Guardian Signature _____