



Art Camp

Titusville Presbyterian

www.Titusvillechurch.org

Date: July 30 to August 3

Time: 9:00 to 11:45 a.m.

Art Showcase for Parents:

Friday, 11:00 a.m.

Ages: 3 - 10

Registration: \$30

Registration Deadline: July 16

Space is limited

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Phone: _____

Parents'/guardians' names: _____

Parents'/guardians' phone contacts:

Work: _____ Cell: _____ E-mail: _____

Would you be interested in donating drinks or snacks? (**Please, no donations with nuts**)

Yes _____ No _____

REGISTRATION DEADLINE: JULY 16

Return form with payment to Titusville Presbyterian Church, 48 River Drive, Titusville, NJ 08560
Questions? Call 609-737-1385

Would you be interested in (please check):

___ receiving mailings from the Titusville Presbyterian Church, and/or

___ learning more about attending or becoming a member of the Titusville Church?

Would you grant permission for Titusville Presbyterian Church to use Art Camp photographs, videos, slide shows, in Titusville Presbyterian Church promotional materials? Captions will not include children's names. Yes ___ No ___

Medical Release Form

Name of Youth Participant			Phone Number		
<input type="text"/>			<input type="text"/>		
Address			Birth Date		
<input type="text"/>			<input type="text"/>		
City	State	Zip			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Emergency Contact			Phone Number		
<input type="text"/>			<input type="text"/>		
Family Doctor's Name			Phone Number		
<input type="text"/>			<input type="text"/>		
Insurance Company			Policy Number		
<input type="text"/>			<input type="text"/>		

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Titusville Presbyterian Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

_____/_____/_____
(Signature of Parent or Legal Guardian) (Date)

Waiver of Liability Statement

I, the parent or legal guardian of the child listed above release Titusville Presbyterian Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in Art Camp.

_____/_____/_____
(Signature of Parent or Legal Guardian) (Date)