

Camp Kaleidoscope 2018

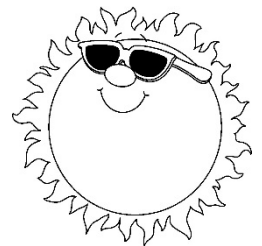
A literacy based camp
Through-the-Week School, Myers Park Baptist Church

Weeks of June 4 and June 11 * 9:00-12:30 * Bring a lunch!

Family Last Name _____ Current TTWS family?

Y N*

Parent First Name _____ Email _____



**Families not enrolled at TTWS will be asked to complete a camp medical form.*

Two Year Old Camp (Monday-Thursday, current TTWS families only)

Child #1 _____

Week 1, June 4-7 \$

140

Birthdate _____ Gender _____

Week 2, June 11-

14 \$ 140

Child #2 _____

Week 1, June 4-7 \$

140

Birthdate _____ Gender _____

Week 2, June 11-

15 \$ 140

Preschool/Kindergarten Camp (Monday-Friday, Rising 3s-K, Community welcome!)

Child #1 _____

3s 4s TK/K Week 1, June 5-9 \$

155

16 Birthdate _____ Gender _____
\$ 155

Week 2, June 12-

Child #2 _____
155

3s 4s TK/K Week 1, June 5-9 \$

16 Birthdate _____ Gender _____
\$ 155

Week 2, June 12-

Child #3 _____
155

3s 4s TK/K Week 1, June 5-9 \$

16 Birthdate _____ Gender _____
\$ 155

Week 2, June 12-

FAMILY TOTAL

I understand that Through-the-Week School at Myers Park Baptist Church assumes no responsibility for injuries or illnesses which my child may sustain as a result of participation in summer camp and the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all injury and illness which may result from participation in these. In consideration of the privilege of participating at TTWS Camp Kaleidoscope, I hereby voluntarily release and discharge TTWS at Myers Park Baptist Church and its agents, servants and employees, from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with the TTWS director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine my child within a reasonable time prior to the start of the program/activity to determine my child is free of communicable disease and has not been exposed to such. I hereby give permission to the medical personnel selected by the TTWS staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity.

\$ _____

Parent Signature _____ Date Rec'd _____ Paid
