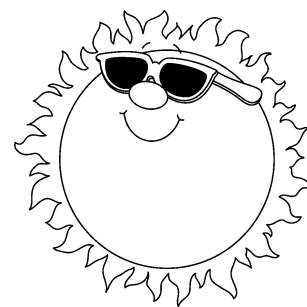


Camp Kaleidoscope 2019

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



Weeks of June 3 & June 10 - 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 (M -Th, Current TTWS families only)

Child #1 _____	Week 1, June 3-6	\$145
Birthday _____ Gender _____	Week 2, June 10-13	\$145
Child #2 _____	Week 1, June 3-6	\$145
Birthday _____ Gender _____	Week 2, June 10-13	\$145

Preschool/Kindergarten Camp (M -F, Rising 3s-K, Community welcome!)

Child #1 _____	3s 4s TK/K	Week 1, June 3-7	\$160
Birthday _____ Gender _____		Week 2, June 10-14	\$160
Child #2 _____	3s 4s TK/K	Week 1, June 3-7	\$160
Birthday _____ Gender _____		Week 2, June 10-14	\$160
Child #3 _____	3s 4s TK/K	Week 1, June 3-7	\$160
Birthday _____ Gender _____		Week 2, June 10-14	\$160

FAMILY TOTAL \$ _____

As the parent/responsible party, I understand that TTWS 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 that 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. I agree to discuss with the TTWS director any special conditions or circumstances involving my 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 test, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the even of medical emergency. I understand that no accident/medial insurance is provided with this activity.

Parent Signature _____ Date Rc'vd _____ Paid _____