

*****All participants must register by July 8, Limited Spots, First Come First Serve***
RETURN YOUR FORM TO JESSICA.SWIFT@GRACE-STPAULS.ORG OR TO THE FRONT
OFFICE BY JULY 8. THANK YOU!**



Child/ren's Name/s

Parent/Guardian Name

Address

E-mail Address

Phone Numbers

Cell _____ Home _____ Work _____

Child/ren Information (open to children ages 4-12)

Child 1: Name _____

Date of birth _____ Last school grade completed _____

Allergies/Medical Information/Other (anything that would be helpful for us to know to keep your child safe and ensure they have the best time possible)

Child 2: Name _____

Date of birth _____ Last school grade completed _____

Allergies/Medical Information/Other (anything that would be helpful for us to know to keep your child safe and ensure they have the best time possible)

Child 3: Name _____

Date of birth _____ Last school grade completed _____

Allergies/Medical Information/Other (anything that would be helpful for us to know to keep your child safe and ensure they have the best time possible)

Child 4: Name _____

Date of birth _____ Last school grade completed _____

Allergies/Medical Information/Other (anything that would be helpful for us to know to keep your child safe and ensure they have the best time possible)

Emergency Contacts

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Dismissal Information:

Name(s) of person(s) who may pick up this child from Camp

(name) _____ (phone) _____

(name) _____ (phone) _____

Camp is a transformational experience. You, as parents/guardians, are welcome to join us for camp and participate with your child in this wonderful time of building community and spreading love, although you are not required to attend with your child.

- I will NOT attend with my child every day.
- I WILL attend with my child every day.
- Someone else will attend with my child every day.

(leave this part blank if you are not attending)

Name: _____ Relationship: _____

Phone: _____

Any medical needed to know for adult attending (for safety purposes, i.e. allergies, etc):

Parent/Guardian and Participant agreement:

I understand that my child/ren will be working with volunteers at Grace St. Paul's. All participants are expected to listen to volunteers, follow safety guidelines, not engage in violent speech or behavior, and to be respectful of themselves and others while at Camp. My child/ren understand that they are expected to follow the guidelines set out by the leaders of Camp.

Parent/Guardian NAME

SIGNATURE

DATE

Photo permission:

I/we (the undersigned), parent(s)/guardian(s) of _____, a minor child/ren, do authorize Grace St. Paul's Episcopal Church (GSP), its designated representatives, and other official personal connected with Church, to use my child's photo engaging in GSP sponsored activities for purposes of publicizing or informing the congregation and outside individuals and groups of the activities available at GSP (through platforms like, but not limited to, the GSP website and social media websites).

YES NO

PRINT NAME

SIGNATURE

DATE

Release:

The undersigned parent(s)/legal guardian(s) of _____, a minor child/ren, hereby grants permission for the said child to engage in the various activities sponsored by Grace St. Paul's Episcopal Church (GSP) for its ministry through Camp, including, but not limited to, attendance at group related activities and general participation in any and all activities. This consent also includes specific permission hereby granted to the adult supervisors and leaders of GSP to make medical decisions with respect to the said minor child/ren in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision, and to administer medication when required. I understand that my child/ren's participation in activities comes with inherent risks, and I release GSP and the Episcopal Diocese of Arizona from any liability.

PRINT NAME

SIGNATURE

DATE