Consent for Arts Camp Participation and Camper’s Pledge

Event Date & Times: **Saint Gabriel the Archangel Arts Camp June 10- June 14 --9 a.m. – 2 p.m. and Celebration on June 16 @ 9 am**

Event Location: Saint Gabriel the Archangel Episcopal Church 6190 E. Quincy Ave. Cherry Hills Village, CO 80111

PARENTS:

I/We grant permission for (child’s name) to participate in St. Gabriel The Archangel Arts Camp.

Arts Camp will take place at St. Gabriel the Archangel Church located at 6190 E. Quincy Ave., Cherry Hills Village Colorado 80111, from **9 a.m. to 2 p.m. June 10-14**, 2024, and Campers will share an Offering with the congregation at the **9 a.m.** service **June 16, 2024.** Campers are to be dropped off no earlier than 9 a.m. and picked up by 2 p.m. each day.

Camp fees are **$125.00** per Camper, with a **$50.00** deposit due with this registration packet. The **$75.** Balance will be due no later than **May 26, 2024**. This fee includes lunch and snacks each day of camp and a t-shirt for each Camper, in addition to cost of camp including but not limited to paying for the instructors and materials. **. *Registration after May 24 is subject to camp availability and may include a $30.00 late registration fee. Please call the church to inquire.***

Parent or Guardian: Date:

PARENTS:

We understand for every Camper to have the most fun, it is important that everyone attending Arts Camp participates fully and with a good spirit. Therefore, we agree to the following pledge, as shown by our signatures:

I (the Camper) will participate fully in each activity.

I will show respect for Instructors and Leaders, Counselors, other Campers, myself, and the building and materials around me.

Should there be any misunderstanding between myself and another Camper, I will first try to work it out with that person. If I need help, I will talk to a camp Counselor or Leader.

If I am unable or unwilling to participate in a safe and constructive manner, my parents/guardians and I fully understand that they will be contacted, and I will be sent home from camp. Arts Camp will not be able to refund the camp fee if I should be sent home for reasons of non-compliance or disruptive or unsafe behavior.

Camper Signature:

Parent/Guardian Signature:

Date:

Camp Registrations and Pledge

Arts Camps, sponsored by: **Saint Gabriel the Archangel Church**

Dates of Camp**: June 10-14, 2024 and Celebration on June 16, 2024 @ 9 a.m** Registration Deadline: **May 24, 2024. *Registration after May 24 is subject to camp availability and may include a $30.00 late registration fee. Please call the church to inquire.***

Name of Camper:

Age: Current Grade:

T-shirt size: YOUTH XS S M L Adult: S M L (please circle) Other:

Parent(s) Name(s):

1st Phone Contact

2nd Phone Contact:

3rd Phone Contact:

(Please list phone #s according to priority as emergency contacts and indicate which parent we should ask for at that number.)

Email(s):

Address: City:

Emergency Contact (other than parent/guardian)This contact can pick up Camper in case of an emergency.

Name:

Phone(s):

Relationship to Camper:

Fee for camp **is $ 125.00**

A deposit of **$ 50.00** is due with the registration packet, with the remaining **$75.00** due on **May 24, 2024.**

Please make checks payable to: Saint Gabriel the Archangel

CAMP REGISTRATION CHECKLIST:

Registration Packet (due 5/24/24)

Consent for Participation and Counselor’s Pledge

Medical Information and Authorization Form

**Medical Release**

Arts Camps, sponsored by: **Saint Gabriel the Archangel Church**

Dates of Camp**: June 10 – 14, 2024 and Celebration on June 16, 2024 @ 9 a.m** Registration Deadline: **May 24, 2024.**

Name of Camper:

Birth Date: Age: Current Grade:

Emergency Contact 1

Name:

Phone Phone 2

Mobile:

Emergency Contact 2

Name:

Phone Phone 2

Mobile:

Medical Information

Health Information and Medications:

Allergies (please include ALL known allergies, including Food and Medication):

Special Needs/Other important information about my Child

Insurance Information:

I/We have medical insurance coverage for the above name participant.

Medical Insurance Provider

Insurance Provider Phone

Insurance Policy Holder Name:

Group # / Policy Number:

 I/We acknowledge that the above named participant (camper) is not covered by any medical insurance policy and understand that I/We are responsible for all costs.

In the event of an emergency, I understand that every effort will be made to contact me as quickly as possible. I hereby authorize an adult leader of this activity to act as agent for me to consent to any medical, dental, or surgical treatment necessary by a licensed medical professional. I acknowledge that I am financially responsible for any emergency medical or detail costs.

Parent/Guardian Name

Signature

Print Name

Date:

**Photo Waiver**

I, , the parent or legal guardian of

(print adult’s name)

(Camper’s Names please list all from your family)

Give permission to use my child(ren’s) image in the following formats: Please Circle

Yes No In-house displays of Arts Camp

Yes No On Saint Gabriel’s public website [www.stgabriels.org](http://www.stgabriels.org)

Yes No Future Arts Camp flyers and advertising

Yes No The Saint Gabriel Facebook page

Children’s names will never be posted with their photos on any of the above formats.

Please don’t hesitate to be specific; we fully understand that while some families aren’t worried about their children’s photos begin “out there” for others, it is a serious concern and possible safety issue. We will honor your request to the letter and always err on the side of caution if we are in any doubt.