

(Complete other side)

Avondale Presbyterian Church  
2821 Park Road  
Charlotte, N.C. 28209  
704-333-6194

2010 Summer Camp Registration Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Rising Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>T-shirt size (Circle size):</b>	<b>Youth -</b>	Small	Medium	Large	
	<b>Adult -</b>	Small	Medium	Large	X-Large

**Camp Weeks (Please mark appropriate box):**

**Day Camps for Kids:**

<input type="checkbox"/>	Catawba Basketball Camp (ages 7-15)	June 20-24	\$150.00	9:00pm to 4:00pm
<input type="checkbox"/>	Catawba Basketball Camp (ages 5-8)	June 20-24	\$70.00	9:00pm to 12:00pm
<input type="checkbox"/>	Cheerleading and Basic Gymnastics (ages 5-7)	July 5-9	\$150 / \$200	8:30 am to 4:00 pm
<input type="checkbox"/>	Cheerleading and Basic Gymnastics (ages 8-12)	July 26-30	\$150 / \$200	8:30 am to 4:00 pm
<input type="checkbox"/>	KidzArt <i>Secret Agents</i>	June 27-July 2	\$175/\$200	9:00 am to 1:00 pm
<input type="checkbox"/>	KidzArt <i>Out of this World</i>	August 2-6	\$175/\$200	8:30 am to 1:00pm
<input type="checkbox"/>	Afternoon Adv Camp (completed K- 5 <sup>th</sup> )	July 12-16	\$100/\$140	2:00 pm to 4:00pm

**WAIVER AGREEMENT:**

I, the undersigned parent/guardian of the registrant for the use of and participation in/on church facilities or property, Avondale Presbyterian Church, Charlotte, N.C. do hereby release and discharge Avondale Presbyterian Church, and its authorized volunteers and staff from liability for any injuries occurring out of my child's use of the facility. Furthermore, in case of an accident or medical emergency, if the staff or volunteers are unable to contact the parent(s)/guardian(s) for participants, 17 and under, I hereby grant permission to said staff to administer necessary first aid and/or take application to the nearest hospital or medical facility for additional treatment. I understand that I as the parent or guardian am responsible for ambulatory, hospital and medical fees that are associated as a result of receiving the appropriate and necessary medical care.

I, the undersigned parent/guardian of the registrant for the use of and participation in/on church facilities or property, Avondale Presbyterian Church, Charlotte, N.C. understand and am aware that the recreational activities conducted in and through the church facilities/property involve a risk of injury. I voluntarily allow my child to participate in these activities with the activities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury.

I, the undersigned parent/guardian of the registrant for the use of and participation in/on church facilities or property, Avondale Presbyterian Church, Charlotte, N.C., understand that I am responsible for any damage or breakage to Church property caused by my child as identified by the instructor, staff or church representative.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**ALL FORMS & PAYMENTS IN FULL FOR EACH CAMP ARE DUE BY MAY 1st.**

(Make checks payable to Avondale Presbyterian Church with the name of the camp written on the memo line)

**How did you hear about our camps?**

- Church Member    Charlotte Parent    Charlotte Observer    Sign on Church lawn    Attended last year    Church website

**Avondale Presbyterian Church**

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## 2010 DAY CAMP - PERMISSION FOR MEDICAL TREATMENT:

This is to certify that as the parent / guardian of:

\_\_\_\_\_  
(Full Name of Child)

who is \_\_\_\_\_ years of age, that if an emergency should arise while my child is participating in an Avondale Day Camp program, and I am unable to be notified, I give my permission to the physician (s) selected by the Adult Camp Director (s) to administer any medications or treatments, including surgery, that are deemed necessary.

Signed: \_\_\_\_\_  
(Parent / Guardian)

Date: \_\_\_\_\_

Emergency Telephone Numbers:

(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

Insurance Company to be billed for charges resulting from emergency medical treatment:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Please note any allergies to drugs or other medical facts that might be important in the event of an emergency (diabetes, heart disease, asthma, convulsions, etc.)

Food Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received a tetanus shot in the past two years? \_\_\_ Yes \_\_\_ No