Art Matters

Camp Registration (Please complete one per child)

Name:_____

Grade (Fall 2018):_____

School Attending:_____

Address:_____

City:_____

State:_____ Zip Code:_____

Phone:_____

Emergency contact:_____

Emergency phone number:_____

Parent email:_____

Circle the sessions you wish to attend:

Art Camps (July 23-26)

Entering Grades (K-4) 9am-10:30am

Entering Grades (5-8) 11pm-1230pm

Entering Grades (9-12) 1:00-2:30pm

To receive a T-shirt registration is due July 14th.

Size

Youth	S	M	L	XL
Adult	S	M	L	XL

Complete the information and mail to:

Baptist Regional School
300 Station Ave.
Haddon Heights, NJ 08035
Attn: Summer Art Camp

Parent/Guardian Statement

I consent to have my son/daughter participate in BRS summer camp activities. In the event of an emergency requiring medical attention I expect every reasonable attempt to be made to contact me. In the event I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending director of camp. This includes transfer of my son/daughter to a qualified medical facility.

This authorization does not cover major surgery unless formally decreed by a licensed physician or dentist. I agree not to hold the school or anyone acting on its behalf responsible for an injury occurring to my son/daughter in the course of camp whether, as a result of my son/daughters negligence, the negligence of others, or the negligence of the school.

I acknowledge and accept that there are risks of physical injury involved in summer camp participation which may result in permanent paralysis/ mental disability/death.

_____
Parent/Guardian Signature

_____ _____
Campers Name Date

Is the camper taking any medications? List below.