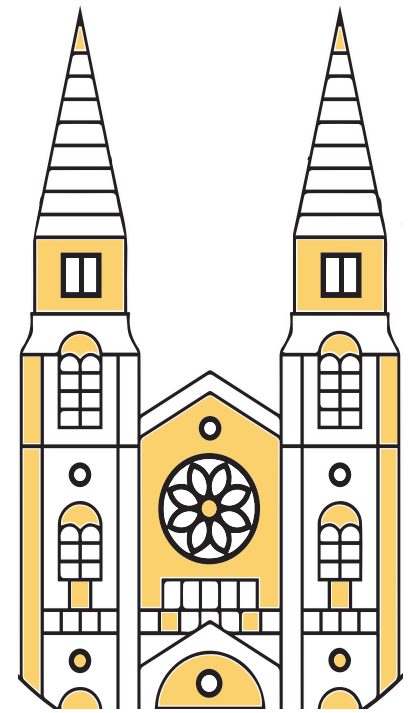


# CATHEDRAL



## Summer Arts Camp

at Lyndhurst Community Presbyterian Church

AN EXPRESSION OF LOVE

IN ART,

**IMAGINATION**

AND A

journey.

Session I - July 16 - 19 (4 days)  
children entering grades 1-3

Session II - July 23 - 27 (5 days)  
children entering grades 4-6

9:30 a.m. to 12:00 noon

\$20 each child (\$15 each additional child)

## Registration

Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_

Parents \_\_\_\_\_

Address \_\_\_\_\_

phone number \_\_\_\_\_ other contact \_\_\_\_\_

e-mail \_\_\_\_\_

SAFETY INFORMATION FORM

Please complete the information below for each child registered for Lyndhurst Community Presbyterian Church Summer Arts Camp. Every faithful attempt will be made to accommodate your child, but in some cases we recognize we may be unable to offer appropriate care. Specific information will be sent home in early July so you are able to determine what is best for your child if there are special concerns.

Child: \_\_\_\_\_

Does your child have any medical condition(s) that we should be aware of? (food, animal or bee allergies, behavior issues, special medications, epi pen, etc.) If so, please explain.

Child: \_\_\_\_\_

Does your child have any medical condition(s) that we should be aware of? (food, animal or bee allergies, behavior issues, special medications, epi pen, etc.) If so, please explain.

CONSENT AND RELEASE

The undersigned hereby consents to the participation of the above named child (children) in Lyndhurst Community Presbyterian Church (LCPC) Summer Arts Camp. I hereby release LCPC, their employees and volunteers from any and all liabilities and claims arising out of my child's (children's) participation in Summer Arts Camp.

In the event of sudden illness or accident I understand that I will be contacted at the numbers provided on the LCPC Vacation Bible School registration form. LCPC employees or volunteers will immediately contact local emergency personnel. In the event that I can not be reached or notified, I authorize emergency personnel to have my child transported to an appropriate medical facility. I/we also consent to the performance of such treatment and/or emergency procedures as deemed necessary or advisable by emergency personnel or hospital staff member in charge.

Signature of Parent or Guardian

Date

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child (children) captured during Lyndhurst Community Presbyterian Church (LCPC) Summer Arts Camp through video, photo and digital camera, to be used solely for the purposes of LCPC promotional material and publications, including social media and waive any rights of compensation or ownership thereto.

Name of Child (please print):

Name of Child (please print):

Signature of Parent or Guardian

Date

Please send completed forms to:  
Lyndhurst Community Presbyterian Church, 5312 Mayfield Road, Lyndhurst, OH 44124  
or return to the Church office. Make checks payable to LCPC.  
Call 440-442-2331 or e-mail lcpcart@gmail for more information