

Winter Arts Camp

at Lyndhurst Community Presbyterian Church

Name _____ age _____

Name _____ age _____

(Parent's/Guardian's Name _____)

Address _____ City _____

Parent's/Guardian's Phone () _____

SAFETY INFORMATION

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 late June 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. _____

CONSENT AND RELEASE

The undersigned hereby consents to the participation of the above named child (children) in Lyndhurst Community Presbyterian Church (LCPC) Winter 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 Winter Arts Camp 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

Please send completed forms to:
Lyndhurst Community Presbyterian Church, 5312 Mayfield Road, Lyndhurst, OH 44124
Call 440-442-2331 or e-mail artscamp.lcpc@gmail.com