

Christian Based Cheerleading Camp

Age 5-Age 12

Circle choice(s):

June 18-22 and/or

June 25-29

Full day: 9:00-3:00



\$200.00 (\$150 + \$50 reg fee)~1st child per week

\$175.00 per sibling(s) (\$125 + \$50 reg fee)

**cost includes \$50 non-refundable registration fee per child*

*** Registration & camp fee non-refundable week prior to start date*

***Please include payment with registration**

REGISTRATION FORM

Last Name _____ First Name _____

Age _____ DOB: Month _____ Day _____ Year _____

Child's Grade (Fall 2017) _____ School _____ Church _____

Child's Address _____

City/ State _____ Zip _____

EMAIL ADDRESS: _____

Parent/ Guardian's Name _____

Parent/ Guardian Phone# _____

Circle Child's T-Shirt Size: Youth (Y) YS YM YL or Adult (A): AS AM AL

Allergies/ Medical Conditions _____

Emergency Contact #1 _____ Relationship _____

Phone(s) _____

Emergency Contact #2 _____ Relationship _____

Phone(s) _____

Parent/ Guardian Signature _____ Date: _____



**First Presbyterian Church of Fort Lauderdale
Parent Permission Form for Field Trips, Camps, Study-Travel Activities and
Transportation for Co-Curricular Activities**

I/We, the parents/guardians of the student named below, understand the nature of the Cheerleading camp planned for

**First Presbyterian Church
Cheerleading Camp 2018**

When: June 18-June 22
and/or
June 25-June 29

We are in accord with the purposes of and procedures governing the camp. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, camp, church-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising staff (including volunteers). We further agree to release and hold harmless First Presbyterian Church, church board, officers, employees, and volunteers, from any liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs during camp and I cannot be located.

Student Name (Print)

Parent or Guardian (Printed)

Parent or Guardian (Signature)

Date



First Presbyterian Church Ft. Lauderdale
401 SE 15th Avenue
Fort Lauderdale, Florida 33301
www.firstpres.cc

Consent to Photograph, Interview and Release to media

I authorize **First Presbyterian Church of Ft. Lauderdale** and various media present to use photographs (still or video) of me / us as it relates to news and advertising / marketing.

(Print first and last name(s))

I understand that the releasing of photographs is being carried out with my consent and the photographer and **First Presbyterian Church of Ft. Lauderdale** are released from any liability.

_____ is / are minors and I _____ DO _____ DO NOT
(Print first and last name(s))

consent to use of their photographs.

Purpose of photography: News, Marketing & Public Relations

Signed: _____

Print Name: _____

Date: _____