

SUMMER ARTS CAMP 2010

Presented By Regina Apostolic Church Childrens Ministry

August 3 - 6

Ages 6-12 9am - noon

COST \$20

Choose from:
Visual Arts | **Drama** | **Dance**



Cost: \$20

Please make cheques payable to RAC

Name: _____

Indicate: Visual Art Drama Dance

Your Art choice may NOT be changed after the first day of camp.

Address: _____ City: _____ Postal Code: _____

Home Ph: _____ Work Ph: _____ E-mail Address: _____

Birth Date: _____ Grade: _____ (fall'10)

Home Church: _____ Hospitalization #: _____

Incase Of Emergency Call:

Name: _____ Ph: _____

Parental Consent Form

With any activity there is a possibility that injury may occur.

We, the parents or guardians of the registered children, absolve Regina Apostolic Church and any participating churches, schools, and organizations of all responsibility with respect to any injury sustained during participation in the program.

We give our permission for Regina Apostolic Church to obtain medical treatment for our child if required.

We hereby authorize the staff of Regina Apostolic Church to make any and all decisions regarding the emergency treatment of our child.

We also understand the Regina Apostolic Church retains the right to use, for publication and advertising purposes, photographs of campers taken at camp.

Signature: _____ Date: _____

Registration Form

*Regina Apostolic Church
 808 Assiniboine Ave E
 789-1234*