5 th Annu	al C-C.A.M.P	ONCE UPON a PARABLE
(C	HRIST-COMMUNITY AC	CTING & MUSIC PROGRAM)
()-m	August 1	9-22, 2013
4 - A - A	-	– 2:00pm
♪ Explore the power of music through ♪ Make new friends through theater gam	What is C-CAMP is a music/act (snacks & drinks are provided nging Acting and d rship on Sun., Aug. 18 (9am-1) ngh song, acting and even dance hes, and learn meditative relaxat Camp Fee?	C-CAMP? ing day camp for K-8 th Graders (; <u>BRING YOUR OWN LUNCH</u>) ancing lead and chorus roles 1:30am) ∫ Tech./backstage opportunities e")! ∫ Experience lively rehearsals! tion to step into your "circle of excellence"
		your group of family and/or friends; ate (\$25 for the first child;
Ask Dr. Daniel Steinert, AAGO, Dire	Questions? ector of Music: 969-1686 or em	nail: dsteinert@christmethodist.org
PLEASE PRINT (one form per child)		
Name:		
Last	Middle	First
DOB*		
*Open to all children in grades K-8 (in Fal Mother/Guardian:		
Address:Street	City	State Zip
Home Phone:	Mobile Phone:	
Email:		
Please check child's t-shirt size: Youth S_	Youth MYouth LY	Youth XL Adult S Adult M Adult L
Name of Emergency Contact: Please read the following and si		Phone #
*Christ Church is a	Safe-Sanctuary site for ch	ildren of all ages
Parent/high school leaders are welco	me in several areas - Chec	k the ½-day(s) you are able to help:
Mon. 9-11:30 / 11:30-2:00 Tues. 9-11:30	/ 11:30-2:00 Wed.9-11:30 /	11:30-2:00 Thurs.9-11:30 / 11:30-2:00
I WOULD LIKE TO HELP IN TH Registration check-in/name tags Musi Set-Up (Mon. 8/19 @ 8:30am) Ar Snacks Photography	c Mission Project ts Presenter Games	Clean-Up (Thurs. 8/22 @ 1:30pm) Registration/Administration
Will you attend the Closing Performa Yes No		n on Thursday, August 22 @ 1pm? ing Performance:
Extra Option (not required): Will yes No (ay, August 25 (9:15am-11:15am)? nd will not play into any roles assigned)
Parent/Guardian Signature:		Date:
-	MPORTANT TO NOTE:	
Place completed registration or ret	• Register on-line or form (two-sided) in box o turn it to the Church office ck for donation payable to	n C-CAMP table in Ascension Hall

EMERGENCY INFORMATION

I give permission for my child			to be treated by the
C-CAMP volunteers for minor injuries (scrapes, limited to basic first aid.			
I AGREE THAT THE C-CAMP LEADERS CHOICE TO PROVIDE EMERGENCY CA CANNO		EVENT THAT T	
Family Doctor: Name:			
Phone #			
Are there any known allergies or health concern	s?	Yes	No
If "yes", please describe:			
Parent/Guardian Signature:		D	ate
R Christ United Methodist Church has instituted a while at any activity at Christ Church. We wi every day. Sign-in/out will	ll require that y	our child be sign	ed in and out of C-CAMP
In addition to the parent(s)/guardian(s) on the froup the child from C-CAMP:	ont of this form	n, the following p	eople are authorized to pick
Please PRINT legibly:			
Parent/Guardian Signature:			_ Date: