



**2014 MUSIC AND ARTS CAMP
FIRST PRESBYTERIAN CHURCH**

June 16th – 20th
2:00 p.m. – 5:00 p.m.

- WHO:** Rising first graders through fifth graders
WHERE: First Presbyterian Church, 305 E Main St, Durham
COST: \$10.00 per day. Includes snacks, the cost of materials, and cost of the helpers. Scholarships will be available

This year, following Vacation Church School each day, FPC will offer an extended-day music and arts camp from 2:00 – 5:00 p.m. for rising first graders through fifth graders at the church. Transportation from camp to the church can be arranged, if requested.

**Questions: Contact [Kathy Parkins](#) at
First Presbyterian Church at 919-682-5511.**



2014 Music and Arts Camp Registration Form

First and last name (as it should appear on nametag): _____

Parents' Name(s): _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone number(s): Home: _____ Cell: _____

Age: _____ Date of birth: _____ Grade completed: _____

____ **Transportation:** Please check if you would like to have transportation to and from New Hope Camp to First Presbyterian to be arranged.

Registration Fee: Enclose \$50.00 for the full five-day program (\$10.00 per day). Make checks payable to First Presbyterian Church, and write in the memo line "Music and Arts Camp."

Please send form(s) and fee to: Music and Arts Camp, First Presbyterian Church, 305 E Main St., Durham, NC 27701, or email to k.parkins@firstpres-durham.org.

Please fill out Permission Slip on back!

Music and Arts Camp 2014 Permission Slip

Child's Name _____

I give my permission for the above-named child to participate in the activities of the 2014 Music and Arts Camp at First Presbyterian Church, Durham, NC.

I hereby release and hold harmless First Presbyterian Church of Durham, North Carolina, the staff of teachers and leaders, their officers, employees, governing bodies and their members and the leaders of this activity, **from all responsibility and liability for any claims for injury, illness, death, or other harm that the child named above may sustain** during this music and arts camp. In the event of an emergency, I hereby authorize any adult leader of this program, as agent for me, to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate). I expect to be contacted as soon as possible if there are any problems, medical or behavioral, with my child during this activity.

Signature of Parent or Guardian

Date

Emergency Telephone Number(s) _____ or _____

Medical Information:

Allergies: _____

Medication(s): _____

Will your child be required to take meds at camp? _____

Physical handicaps or limitations: _____

Medical Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Policy Holder's Name: _____