



# Heart Art and Nature Camp

## CAMPER REGISTRATION FORM

Christ Episcopal Church 35350 E Division Rd, St. Helens, Oregon

July 27-31, 2026

Mail this form with \$185 check per child,  
payable to Christ Episcopal Church

Mailing address: P.O. Box 478, St. Helens, OR 97051

StHelensChristChurch.org      503.397.1033      esmejrculver@gmail.com

Ask about after-camp care!

Camper's full name \_\_\_\_\_ (Circle one) M or F

Date of Birth \_\_\_\_\_ School Grade Level as of 9/2026 \_\_\_\_\_

Child's T-shirt size \_\_\_\_ Allergies or medications \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Childs lives with \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

If unable to contact parent/guardian, I authorize \_\_\_\_\_  
to pick up my child in case of illness or emergency.

Phone # of designee \_\_\_\_\_

Heart Art & Nature Camp and Christ Episcopal Church have my permission to use my family  
camp photos in electronic or printed materials. YES \_\_\_\_\_ NO \_\_\_\_\_

**Required Waiver**

General Waiver: Should any injuries occur during or as a result of participation in Heart Art & Nature Camp (Christ Church sponsored), I agree to indemnify and hold harmless Christ Church, the Diocese of Oregon and all their employees and volunteers. **Please initial** \_\_\_\_\_

Refund Policy: We cannot make refunds for unattended days. **Please initial** \_\_\_\_\_

Emergency Medical Authorization: As parent/guardian, I give Christ Church permission to seek medical attention, including medical treatment for my child in case of an accident or emergency. I agree to provide a reachable contact number, and I understand that every effort will be made by Christ Church staff to contact me or the emergency contact in the event of an emergency. **Please initial** \_\_\_\_\_

Illness: Please do not send children to camp if they are ill. If my child becomes ill, I understand that Christ Church staff will call the parent/guardian listed. Children who develop a fever, vomit or present other serious symptoms must go home. **Please initial** \_\_\_\_\_

Behavior: I understand that if my child engages in seriously disruptive behavior, Christ Church staff will call the parent/guardian listed. Any child who kicks, scratches, bites, hits, bullies or uses abusive or profane language will be removed from camp activities and may be sent home. Return to camp will be contingent upon a conference with parents and child. **Please initial** \_\_\_\_\_

Photographs: I understand that my child may be photographed during camp activities and that photos may be used for newsletters, flyers, websites, social media, grant applications, brochures. **Please initial** \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_