



Gotta Have Heart Art Camp @ Christ Episcopal Church, St. Helens, OR

July 28-Aug. 1, 2025

Return this form with \$185 check per child (ages 6-12) by June 2, 2025

Camper:

Name_____

M or F Date of Birth_____Age_____

Allergies or medications_____

Parent/Guardian:

Relationship to camper_____

Name_____

Phone_____

Email_____

Emergency Contacts & Authorized Pick Up Persons

If unable to contact parent/guardian, I authorize _____

To pick up my child in case of illness or emergency. Phone # of
designee_____

Consent to Photograph

Gotta Have Heart Art Camp & Christ Episcopal Church have my permission to use my
family camp photos in electronic or printed materials. YES_____NO_____

Child's T-shirt size_____

StHelensChristChurch.org 503.397-1033

(Ask about after camp care!)

Required Waiver

General Waiver: Should any injuries occur during or as a result of participation in any Gotta Have Heart 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**_____

Cancellation and Refund Policy: If you need to cancel, let us know as soon as possible. We cannot make refunds after June 30 or for unattended days. **Please initial**_____

Emergency Medical Authorization: As parent/guardian, I give Christ Church permission to seek medical attention, including medical or surgical 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, bits, 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 and that photos may be used for newsletters, flyers, websites, social media, grant applications, brochures. Please initial_____

Signature of Parent/Guardian_____Date_____