



Gotta Have Heart Art Camp

Christ Episcopal Church, St. Helens, Oregon

July 28-Aug. 1, 2025

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

P.O. Box 478, St. Helens, OR 97051

StHelensChristChurch.org 503.397.1033 esmejrculver@gmail.com

Ask about after camp care!

Camper's name _____ (Circle one) M or F

Date of Birth _____ School Grade Level as of 9/2025 _____

Allergies or medications _____

Child's T-shirt size _____

Parent/Guardian Name + Relationship to camper _____

Phone _____ Email _____

If unable to contact parent/guardian, I authorize _____

to pick up my child in case of illness or emergency.

Phone # of designee _____

Gotta Have Heart Art Camp & 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 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**_____

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_____