



Elements of



A SCIENCE INSPIRED, CHRIST CENTERED SUMMER PROGRAM

Register soon! Price goes up after July 1st

Campers:	Boys and girls ages 4 to 12
Camp Location:	Taft Avenue Community Church 1350 East Taft Ave., Orange (Near Tustin Blvd)
Camp dates/time:	July 17 to 21 from 9:00 am to 12:00 noon with a Dinner & Science Fair on July 21 at starting at 5:45pm
Contact/Info:	714-637-3220, www.TaftAvenue.org childrens@taftavenue.org
Cost:	\$35.00 per child/\$95 family max (immediate only) UNTIL JULY 1—then \$40 per child/\$110 fam max
Reservations:	SPACE IS LIMITED— Payment reserves your spot! Mail this registration form with payment (payable to TACC) to 1350 E. Taft Ave., Orange, CA. 92865 attn. Music Camp

Taft Avenue Community Church
REGISTRATION AND HEALTH FORM

CAMPER'S NAME _____

ADDRESS _____

CITY _____ ZIP _____

AGE _____ BIRTH DATE ____/____/____ GENDER M F

SHIRT SIZE: (CIRCLE ONE) YOUTH: S M L XL ADULT: S M L

PARENT(S) NAME _____

HOME PHONE (____) _____ CELL (____) _____

EMAIL ADDRESS _____

MEDICAL INSURANCE CARRIER _____

ANY ALLERGIES OR SPECIAL NEEDS? _____

DO YOU HAVE A CHURCH HOME? If so, where? _____

OTHER PERSON AUTHORIZED TO PICK UP MY CHILD _____

SHOULD PARENT OR GUARDIAN (primary contact) NOT BE AVAILABLE, WHO SHOULD WE CONTACT (secondary contact) IN CASE OF EMERGENCY? _____

The child identified on this form understands that all students are expected to abide by the rules and be directly responsible to the children's staff. Taft Avenue Community Church assumes responsibility for discipline at the event and, if necessary, may require a student to leave. In such instance, I will assume full responsibility for returning the student home.

I hereby authorize the clinic staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

I further release the sponsoring organization(s) and it's representatives from any claims for personal illness or injury that my son/daughter may sustain during the camp.

Further, I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

I have read and agree to the information given in this entire form.

Signature of Parent or Guardian

Date

OFFICE USE: PAYMENT RECEIVED: METHOD: Cash Check No. _____
FORM SIGNED: ENTERED ON ROSTER: