

# Taft SCIENCE CAMP

## Elements of



## A SCIENCE INSPIRED, CHRIST CENTERED SUMMER PROGRAM

**Register soon! Price goes up after July 1st**

<b>Campers:</b>	Boys and girls ages 4 to 12
<b>Camp Location:</b>	<b>Taft Avenue Community Church</b> 1350 East Taft Ave., Orange (Near Tustin Blvd)
<b>Camp dates/time:</b>	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
<b>Contact/Info:</b>	714-637-3220, www.TaftAvenue.org childrens@taftavenue.org
<b>Cost:</b>	<b>\$35.00 per child/\$95 family max (immediate only)</b> <b>THROUGH JULY 5—then \$40 per child/\$110 fam</b>
<b>Reservations:</b>	<b>SPACE IS LIMITED— Payment reserves your spot!</b> Mail this registration form with payment (payable to TACC) to 1350 E. Taft Ave., Orange, CA. 92865 attn. Science 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: