



In his hand are the depths of the earth;
The heights of the mountains are his also.

Psalm 95:4 (ESV)

Rock Climbing 🧗 Biking 🚲 Archery 🏹 ➡️ Obstacle Course 🏠 Camping Skills 🏕️

A DIFFERENT KIND OF SUMMER PROGRAM
FOR KIDS AND THEIR FAMILIES

All boys and girls ages 4 to 12 & their families are welcome!

REGISTER SOON! PRICE GOES UP AFTER JUNE 25

- CAMP LOCATION:** Taft Avenue Community Church
1350 East Taft Ave., Orange (Near Tustin Blvd)
- DATES & TIME:** Every Monday evening in July—2, 9, 16, 23 & 30
5:30pm to 8pm—Starting with dinner for the family!
- CONTACT/INFO:** 714-637-3220, www.TaftAvenue.org
childrens@taftavenue.org
- PROGRAM COST:** **\$35.00** per child/\$95 immediate family max.
UNTIL JUNE 25—then \$40 per child/\$110 fam
- RESERVATIONS:** Mail this registration form with payment (payable to TACC)
1350 E. Taft Ave., Orange, CA. 92865
attn. Great Outdoors



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Taft Avenue Community Church
REGISTRATION, HEALTH & PERMISSION FORM

CAMPER'S NAME _____

ADDRESS _____

CITY _____ ZIP _____

CHILD 1: AGE ___ BIRTH DATE ___/___/___ GENDER: M F

CHILD 2 NAME: _____ AGE: ___ BIRTH DATE: ___/___/___ GENDER: M F

CHILD 3 NAME: _____ AGE: ___ BIRTH DATE: ___/___/___ GENDER: M F

PARENT(S) NAME _____

HOME PHONE (____) _____ EMAIL _____

MOM'S CELL (____) _____ DAD'S CELL (____) _____

MEDICAL INSURANCE CARRIER _____

ANY ALLERGIES OR SPECIAL NEEDS? _____

DO YOU HAVE A CHURCH HOME? IF SO, WHERE? _____

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

The Great Outdoors is designed to be a Family Event. As such, it is strongly encouraged that at least one parent attend along with the registered child(ren).

The child(ren) identified on this form understand that all students are expected to abide by the rules and be directly responsible to the camp 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 staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc) if I am not available. 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: Amt \$ _____

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