

2018 St. John's Music Camp
Tuesday, June 26 – Sunday, July 1
9:30 a.m. – 12:30 p.m.

Singing
Recorder
Orff Instruments
Demonstration of Various Musical Instruments
Handchimes & Handbells for Children
Rhythm – Creative Movement
Zumba for Kids

**Camp Students Concert on
Sunday, July 1 in 10:30 a.m. Worship Service**

Camp is open to children of 4 – 10 year old. Please complete the registration form below and return to the church office. **Registration starts on February 1 and the deadline is June 20. The music camp is free of charge.** Camp students are asked to bring their own snacks and drinks from Tuesday to Saturday. St. John's United Methodist Church, 5312 Backlick Road, Springfield, VA 22151

Office Tel: 703-256-6655 Contact: Dr. Kitty Yang (kittycyang@gmail.com)

2018 St. John's Music Camp Registration Form

Name (Please Print): _____

M/F Date of Birth: _____

Address: _____

City, State, Zip: _____

Musical Instrument Lesson: _____ Years Learned: _____

Parents' Names: _____

Home Phone: _____ Business or Cell Phone: _____

E-Mail Address (Please Print) _____

Church Affiliation: _____

Emergency Contact Person and Phone Number: _____

Special Instructions: _____

Parental Consent and Liability Release Form

PARTICIPANT'S NAME _____ BIRTH DATE _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child: _____ ("Participant"), to attend and participate in **Music Camp** sponsored by **St. John's UMC**, Springfield, VA, June 26 – July 1, 2018

LIABILITY RELEASE: In consideration of **St. John's UMC** allowing the Participant to participate in children/youth ministry activities, we (I) the undersigned, do hereby release, forever discharge and agree to hold harmless **St John's UMC**, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in children/youth ministry activities, including trips away from the church premises .

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff or a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization .

Medical Insurance: YES _____ NO _____ Insurance Company: _____

Policy/Group ID#: _____

Emergency Phone #s in case parent/guardian cannot be reached: _____

Allergies or Medical _____

Parent/Guardian Signatures: _____ Date _____

PERMISSION TO USE PHOTO OR IMAGE: I hereby give permission to St. John's United Methodist Church (UMC) to use my photo or image or an image of a child under my guardianship on its web site. I understand that St. John's UMC will not use my child's photo or likeness in any other context without again seeking my permission. St. John's UMC stipulates that no other indicator of identity will be used in connection with the photo or image. IF YOU DO NOT WANT YOUR CHILD'S PHOTOGRAPH OR IMAGE SHOWN ON THE ST. JOHN'S UMC WEBSITE, PLEASE MARK "X" THROUGH THIS PARAGRAPH.