



St. Peter's Creative Arts Academy
Serious Fun with the ARTS
2022 Creative Arts Summer Camp

Your child's spot in the Creative Arts Summer Camp is reserved when the registration form & deposit have been received.

Please complete and return this form along with a nonrefundable deposit of \$50 (applied to total) to:

St. Peter's Episcopal Church (attn. Kathleen Turner)
3 Westridge Rd, Savannah, GA 31411

Please make checks payable to *St. Peter's Episcopal Church* with "*Creative Arts Camp*" on the memo line. Online or Card payments are also available—call 912.598.7242.

Please check your choice of session(s): ___ June 13 – 17 ___ July 11 – 15

Each session is \$200. Siblings are \$175. Scholarships are available.

Summer Camp 2022 - Camper Information and Registration Form

Campers Full Name(s) _____

Nickname(s) _____

Grade(s) in School (Fall 2022) _____

School Attending _____

Parent/Guardian Name(s) _____

Relationship (if not parent) _____

Home Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Email(s) _____

Health Summary and Emergency Contact

Any specific medical conditions? _____

Allergies (food, medicines, plants, or insects) _____

Medicines to be taken during the day _____

Physician Name _____ Telephone _____

Insurance Carrier _____ Policy # _____

Group # _____ Telephone _____

Party responsible for payment _____

Emergency Contact #1

Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____

Emergency Contact #2

Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____

Medical Release

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper medical services. I hereby release Kathleen Turner, St. Mark's Episcopal Church and its staff and aides, and the Austin Children's Choir and its staff and aides, from all responsibility for any consequences from such medical services and any and all claims and causes of action that may arise from such medical services insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Name of parent/guardian _____ Date _____

Signature of parent/guardian _____

Photo Release

I hereby grant permission to St. Peter's Episcopal Church to use my photograph, and/or my child's photograph, on its website, in publicity materials or other official printed publications without further consideration, and acknowledge St. Peter's Episcopal Church its right to crop or treat the photograph at its discretion. I also acknowledge that St. Peter's Episcopal Church may choose not to use the photo at this time, but may do so at its own discretion at a later date. I also understand that once the image is posted on the St. Peter's Episcopal Church website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following: St. Peter's Episcopal Church, its staff, aides, and volunteers, and members of the Vestry

Name of parent/guardian _____ Date _____

Signature of parent/guardian _____



For Office Use Only

___ Camper registration paperwork received

___ Deposit received \$ _____ Date _____ Method of Payment _____

___ Tuition received \$ _____ Date _____ Method of Payment _____