

Art Camp!

at grace bible church

Grace Bible Church
235 Dotson St
mygracebiblechurch.org/art

June 17-20 (M-Th)

9:30 am - 12:30 pm

for children who have completed K- 6th grade

Name of Child: _____ Age: _____ Last Grade Completed: _____

Name of adult responsible: _____ Phone Number: _____

Email Address: _____ Alternate Number: _____

Mailing Address: _____

Emergency contact: _____ Phone Number: _____

What is the emergency contact person's relationship to the child? _____

Allergies, medical conditions, or other things we should know: _____

T-Shirt Size: _____ General Interests: _____

Name of person responsible for pick-up: _____

Cell number: _____ Work/Home Number: _____

If you attend church, where do you attend? _____

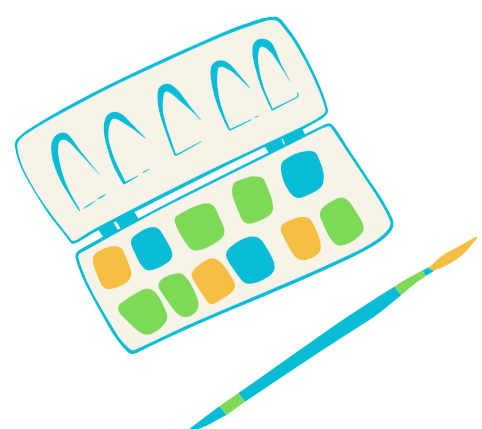
How did you hear about art camp? _____

****Please wear clothes that you do not mind getting stained!****

The cost for GBC Art Camp is \$45. This includes all supplies and a daily snack time. Return the fee along with this form, the medical release, and image release form (attached) to the church address by June 3, 2024. Mailing address: 235 Dotson St, Clayton, GA 30525

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____



I am requesting a scholarship for my child:

FULL or PARTIAL (I can pay : _____)

Signed: _____

Approved by: _____ Date: _____





PO Box 631 • Mountain City, GA 30562 • (706)-746-5823 • www.MyGraceBibleChurch.org

IMAGE RELEASE CONSENT FORM

During various events at GBC, we take photographs and videos of children in action as they participate in events, outings, and other church sponsored events. We would like you to indicate below what uses of images of your child you are willing to consent to. This is completely up to you. We will only use the photographs in ways that you agree to. In any uses of these images, names and other personal information with **NOT** be identified unless first discussed with parents.

- Images of my child(ren) may be used as part of pamphlets, brochures, and other informational materials.
- Images of my child(ren) may be used for newspaper publications for announcements of events or other activities.
- Images of my child(ren) may be used at meetings, lectures, and workshops designed to educate leaders and congregations about GBC's Children's Ministry.
- Images of my child(ren) may be used on the Grace Bible Church website and Facebook page.
- Please **do not** use ANY images of my child(ren) in ANY way.

I have read the above description and give my consent for the use of the images as indicated above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Child(ren)'s name(s) (please print): _____

Activity Permission and Medical Release Form

Sponsor: *Grace Bible Church*

Name of Minor: _____

Age: _____

Address: _____

Name of Parent or Guardian: _____

Email: _____

Address: _____

Home phone: _____ Cell phone: _____

Emergency contacts other than the parents or guardian:

1. Name _____ Work # _____ Home # _____

2. Name _____ Work# _____ Home# _____

Permission and Release: I give permission for my child to participate in Grace Bible Church Activities. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration.

Medical Release: In the event that my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Family Physician _____ Work phone _____

Home _____

Medical insurance company _____

Pertinent medical information (diabetes, allergies, etc.) :

Signature _____

Date _____