

Waiver and Release Form

I give my child permission to participate in this program and it's activities and hereby waive, release and forever discharge any and all claims against C.P.C. or it's commissioners, employees or volunteers for damages and/or injuries to the registrant, which may arise from the participation in these programs.

Emergency treatment: As a parent and/or legal guardian, I do here with authorize treatment by a qualified and licensed medical doctor of the minor(s) _____ in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the parent. This release form is completed and signed at my own free will with the purpose of authorizing medical treatments under emergency circumstances in my absence.

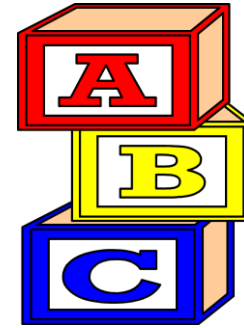
PARENT OR LEGAL GUARDIAN:

(Please sign) Date

DOCTOR'S NAME: _____

DOCTOR'S PHONE: _____

SUMMER CAMP



Tuesday, June 9th - Thursday, July 23rd

No camp the week of July 4th

COMMUNITY PRESBYTERIAN CHURCH

PARENTS DAY OUT PROGRAMS

407 N. MAIN ST.

MOUNT PROSPECT, IL 60056

847-253-2592

PDO@CPCHURCH.ORG

Summer camp is a 6 week fun filled program. Your child will participate in a variety of outdoor and indoor activities. Your child will enjoy playground fun, arts & craft, stories and music. Your child will be provided with a stimulating, enjoyable and caring environment.

FAMILY INFORMATION

SUMMER CAMP

2020 Summer Fees & Open Registration

Published February 2020

(1 DAY/WEEK)

(2 DAYS/WEEK)

Please contact us in the meantime for additional information and/or to save a spot.

A \$35 NON-REFUNDABLE REGISTRATION FEE, PER FAMILY IS DUE AT TIME OF REGISTRATION

Camp fees due the first day of camp. Checks payable to CPC PDO.

CAMP DAYS (Please circle)

TUES WED THURS

Please choose 1 or 2 days per week

PICK UP PERMISSION & EMERGENCY CONTACTS

Name

Phone #

Name

Phone #

Name

Phone #

(Please complete waiver on other side)

CHILD'S NAME

CHILD'S BIRTH DATE

YES NO
Potty Trained

CHILD'S ALLERGIES

NAME OF PARENTS OR GUARDIANS

STREET ADDRESS

CITY

ZIP CODE

HOME PHONE

MOM CELL PHONE/WORK PHONE

DAD CELL PHONE/WORK PHONE

EMAIL