

MusiKamp 2011

First Lutheran Church

June 20-24

8:30-noon

Cost: \$25

For youth just finishing 1st-6th grades

cut

(Return to Sarah Carlson or church office)

Youth Name _____ Grade finished _____

Parent Name _____ Phone # (s) _____

Email address _____

Address _____

Check included (made payable to First Lutheran Church--MusiKamp)

_____yes _____no

Willing to help with bringing and/or setting up treats for break

_____yes _____no

What instrument(s) does the applicant play? _____

First Lutheran Church Medical Release, Indemnification and Photo Release Form:

In the event of a medical emergency, I authorize medical treatment for the above named child/youth as deemed necessary by a First Lutheran Church representative or by a physician. I expressly assume all risks of injury arising from any supervised activities at the church. I have given my child permission to participate in MusiKamp at FLC and waive and release any and all suits or demands of any kind or nature to whatsoever against FLC, staff, volunteers, or representatives arising from the participant's voluntary participation and said activities. I also give First Lutheran Church permission to photograph the participant and for those photos to be used by First Lutheran Church in communication with the congregation and the wider community. I have read, understood, and agreed to the information I have signed to on this form.

Signature of Parent/Guardian _____ Date _____