

St. Giles Presbyterian Church  
1021 Hudson Road  
Greenville, SC 29615  
864-244-4887  
<http://www.stgilespres.org>

**Summer Art & Music Camp Registration**

**9:00 a.m. to 12:30 p.m.**

**Monday July 19<sup>th</sup> thru Friday, July 23<sup>rd</sup> 2010**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Allergies \_\_\_\_\_  
Parents Names \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_  
During CAMP hours, I can be reached at \_\_\_\_\_

In case of an Emergency, if a parent cannot be reached, St. Giles Camp Director should call:  
(Name) \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Other # \_\_\_\_\_

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**PERMISSION RELEASE/HEALTH AND SURGICAL EMERGENCY FORM**

STATE OF SOUTH CAROLINA ) ST. GILES PRESBYTERIAN CHURCH  
COUNTY OF GREENVILLE ) PERMISSION/RELEASE FOR YOUTH

I/we do hereby, for myself/ourselves, my/our heirs, successors, and assigns, release and hold harmless St. Giles Presbyterian Church, its successors and assigns, and any of its officers, members, representatives, or agents from any and all liability and/or actions or causes of action which might arise from any accident which might occur or injuries that take place when my child or children  
(NAME) \_\_\_\_\_  
attend sponsored ART & MUSIC CAMP, 9:00 am – 12:30 pm, July 19<sup>th</sup> – July 23<sup>rd</sup> 2010, at St. Giles Presbyterian Church.

I/we further authorize the St. Giles Presbyterian Church or any of its officers, members, representatives, or agents to seek emergency medical care and /or treatment for my/our children and to admit my/our child to any hospital or other medical facility. If medical care and/or treatment is deemed necessary by a duly licensed health care provider, representatives, or agents to consent to any such medical care and/or treatment.

SIGNED \_\_\_\_\_ ( Parent or Legal Guardian)

ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ OTHER # \_\_\_\_\_  
HOSPITAL/MEDICAL INSURANCE CO \_\_\_\_\_ PHONE # \_\_\_\_\_  
POLICY # \_\_\_\_\_ NAME OF POLICY HOLDER \_\_\_\_\_  
ALLERGIES TO DRUGS/STINGS/FOOD/OTHER: \_\_\_\_\_  
LIST OF ROUTINE MEDICINE \_\_\_\_\_  
OTHER INFORMATION NECESSARY FOR TREATING A MEDICAL PROBLEM \_\_\_\_\_  
\_\_\_\_\_  
PHYSICIANS NAME/GROUP \_\_\_\_\_ PHONE # \_\_\_\_\_

**\*\* HEALTH / EMERGENCY FORM IS DUE AT THE CHURCH OFFICE  
BY JULY 14TH**