

Please return to:
Coral Gables Congregational Church
3010 De Soto Blvd., Coral Gables, FL 33134
Attn.: Megan Korallis
305-448-7421, ext. 19; e-mail MeganK@ucc-cgcc.org

Release Form

I, _____, hereby give permission for my child, _____, male/female (please circle one), age _____, date of birth _____, in grade _____, to participate in the Spring Arts Camp at Coral Gables Congregational Church, from April 6 through April 10, 2009, from 8:30 a.m. to 3:00 p.m., at a tuition rate of \$200 per camper.*

Parent/Guardian Contact Information

Parent or guardian's name: _____

Church membership: CGCC _____ Other _____ None _____

Address (w/ZIP code): _____

Home phone: _____ Work phone: _____

Beeper: _____ Cell phone: _____ e-mail: _____

If unable to reach, please contact: _____ at _____

Names of person(s) authorized to pick up this child: _____

Emergency Medical Information

Child's physician's name: _____ Phone: _____

Child's medical concerns of which we should be aware: _____

Any known allergies: _____

I authorize medical treatment for my child in the case of accident or illness if parent/guardian cannot be located or an emergency situation should arise.

Parent's signature

Today's date

* **Cancellation policy** - CGCC grants refunds according to the following schedule:

- **Full refund of tuition if participant cancels 15 calendar days or more in advance.**
- **Fifty per cent (50%) refund if participant cancels three to 14 calendar days in advance.**
- **No refund if participant cancels two days before camp begins or later.**