

**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 \_\_\_\_\_, entering grade \_\_\_\_\_, to participate in the Summer Arts Camp at Coral Gables Congregational Church, from June 8 through June 12, 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.**