## 2019 Arts Academy Flag Camp Registration Form

July 23-July 27

Festival Sat, July 27 at 6:00pm at First Friends Church
Please complete one registration for each person and return with
payment to:

First Friends Church, Attn: Sports and Recreation Office 5455 Market Ave. N, Canton, OH 44714

Last NameMF_	<del></del>
First Name	<del></del>
Address	
CityStateZip	
Phonecell home	work
Phonecell home	work
Birth DateAge	
Participant's Heightftin	
Mother's Name	
Father's Name	<del></del>
EmailPlease print clearly	
Please print clearly	
lease mark appropriate box:	*Cost
$\square$ Praise Flag 1 class age 10-17	\$30.00
☐ Praise flag (if do not already have one)	\$10.00
☐ Standard Flag 2 class age 12-17	\$30.00
Adult Flag class age 18+ (exercise class)	\$30.00
☐ Standard Flag 2 and Adult Flag—flag and pof you do not already have from previous class)	<i>le</i> \$20.00

\*Refund Policy: No refund will be given to any participant who withdraws on or after the first day of camp. An exception may be granted at the discretion of the staff due to medical reasons only. Further, no refund will be given to any participant removed from the class during the course of the season for disciplinary reasons. Refund will be determined according to return of equipment and condition of equipment. (dowel and flag)

Make check payable to First Friends Church.

**Total Fee Due** 

Waiver and Informed Consent Statement In consideration of my or my child's participation in the activities of First Friends Church. I do hereby declare myself or him/her to be medically able to participate in the dance activities offered by First Friends Church. I understand that there are risks which may include disabling injury and/or death involved in all physical activities and I agree to familiarize myself with all equipment, facilities, rules and physical demands related to the activities undertaken. I agree to hold free from any and all liability the First Friends Church and its respective officers. employees, members, volunteers, and sponsors and do hereby for myself, my heirs, executors and administrators waive, and release and forever discharge any and all rights and claims for damages which myself or my child may have or which may accrue to myself or him/her arising out of or connected with my or his/her participation in any of the activities of the First Friends Church. I have been appraised of and acknowledge the particular hazard and potential danger involved in my or my child's participation in the 2019 Arts Academy classes. I hereby authorize First Friends Church Arts Academy to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of First Friends Church Arts Academy for the sole purpose of advancing FFC Arts Academy programs.

EMERGENCY PROCEDURE IN Person to contact in emergency:	FO.		
Phone	Home	Work	Cell
Phone	Home	Work	Cell
Second contact in emergency:			
Phone	Home	Work	Cell
PhonePlease list any allergic reactions, serious injurie procedures	es or sp		00
Hospital Preferred			
Dentist			

I have read the **Waiver and Consent** and I give my permission to the staff to secure a licensed physician in the case of an emergency to provide the necessary care.

Signature and Date