## Presbycamp 2021

This camp is for children entering 1st-6th grade in the fall. CITs (Counselors in Training) are youth in high school in the fall List campers and CITs below.

first & last name	Date of birth	Grade in fall	

Session 1: July 5-9

Session 2: July 12-16

Session 3: July 19-23

Session 4: July 26-30

<b>♦</b>	I agree to abide by the FPC Health Policy and the additional health and safety guidelines in place dur-
	ing camp weeks. An updated policy will be provided by June 1, 2021

Parent/Guardian 1	print name	signature	date
Parent/Guardian 2	print name	signature	date

## The color tier in June will determine the type of day we can do with PresbyCamp.

Indicate week choices with 1, 2, 3, 4 1st camper additional campers \$30 deposit/week

Purple & Red tiers will be like last summer with no lunch or van rides (noon to 4pm \$120/week). As we move to Orange and Yellow tiers, we will resume a full day and daily road-trips (9am to 4pm \$300/week)

	Session 1: July 5-9	<b>\$120/\$</b> 300	\$80/\$200	
	Session 2: July 12-16	<b>\$120/\$300</b>	\$80/\$200	
-	Session 3: July 19-23	<b>\$120/\$300</b>	\$80/\$200	
	Session 4: July 26-30	\$120/\$300	\$80/\$200	

## Only send a \$30 deposit per family/per week at this time.



lf social	distancing	is still in	place	during	camp,	I would	like to	be placed	in a	group
with my	friend(s) _									
-										

CITs will be included in weeks as much as possible. CIT schedules will be ready by June 1, 2021. We are asking for a \$30 donation per CIT per week to help to pay for the activities for the week.

## 2021 First Presbyterian Church of Santa Barbara parental consent, medical authorization and release, and photo/video release for Children's Ministries including Presbycamp and Club 456

Minor child	<del></del>	phone numbers (belongs to and #)  1	
		2	
Street address		3	
City and zip code		emails 1	
Date of Birth grade in	ı fall 2021	2	
undersigned, or to the minor child,	arising out of or in connecti	3.  d representatives and officials of and from any and on with any activities related to the Church, or any negligence or willful misconduct on the part of the	travel connected
		r minor child named above to participate in all ever se our minor child to travel with representatives of t	
exist, the undersigned parent or grown and on behalf of the undersign any hospital care deemed advisable required care for purposes of empany such medical, or dental treatment he/she may deem advisable. We have dental treatment and to hold the Country to the extent that any applicable I	uardian of the minor child nated, to consent to any x-ray, ale and rendered by any lice owering any such represent nent as any physician, surgenereby agree to pay any and hurch and its representative aw prevents or prohibits the y agree to indemnity and ho	omptly, and a medical or dental emergency has been amed above hereby has authorized any represental anesthetic, medical, surgical, or dental diagnosis on sed hospital. This authorization is given in advancative or office of the Church to give the above described on, or dentist to proceed with such medical or dental reasonable charges incurred as a result of any as and official harmless there from.  undersigned release of the Church from any liabilial diagrams and official harmless the Church and its representatives and	atives of the church or treatment and ce of any such cribed consent for tal treatment as y such medical or ity to our minor
		d video images of my child in its publications.	
		ss one parent has legal custody of the minor cl legal custody" beneath your signature.	hild pursuant to a
Mother's name printed	mother's signature	date	
Father's name printed	father's signature	date	
Physician's name	insuranc	e provider	
Physician's phone number	group or	policy number	