



Christian Arts Camp 2008

@ The Broach School-West & the Gateway Mall

REGISTRATION FORM

Check Session(s) and Track: <input type="checkbox"/> June 16 - June 27 <input type="checkbox"/> Art or <input type="checkbox"/> Drama <input type="checkbox"/> June 30 - July 11 <input type="checkbox"/> Art or <input type="checkbox"/> Drama <input type="checkbox"/> July 14 - July 25 <input type="checkbox"/> Art or <input type="checkbox"/> Drama <input type="checkbox"/> July 28 - August 8 <input type="checkbox"/> Art or <input type="checkbox"/> Drama	Camp Fee: \$110 per session Registration form and fee must be received by the first day of each session. Form and payment may be mailed to: a.nu.vu, Inc. P.O. Box 350598 Jacksonville, FL 32235-0598
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Camper Name		Date of Birth		Date	
Address		City, State, Zip		Age	Sex: M or F
Last Completed Grade		School		T-shirt Size (Circle one) Youth S M L XL or Adult S M L XL XXL	
Parent/Guardian/Foster Care/Primary Care Giver (completing the registration)					
Name			Email (for a.nu.vu use only)		
Relationship to Participant (Please circle one): Mother Father Grandparent Relative Foster Parent Other					
Address		City, State, Zip		Home Phone	
Work Phone	Cell Phone		Emergency Contact		Phone
Physician's Name			Phone		

General Release of Liability

In consideration of being allowed to participate in any of the a.nu.vu camps, related events and activities offered, the undersigned agrees to the following:

I acknowledge and fully understand that this is an enrollment to a camp. I understand that the workers/volunteers attempt to supervise each activity and other events during the camp. I understand that despite various procedures to provide supervision, it is possible for injuries to occur while engaging in activities.

By signing below, I acknowledge that I have read this form and that I understand I am waiving specific legal rights I might otherwise have against a.nu.vu, Inc., its agents, employees and assigns which might exist if I were not to sign this form. It is my intent to waive any and all causes of action I might have against a.nu.vu, Inc. and its affiliated agents, employees and assigns for any liability whatsoever arising out of my child's participation in a.nu.vu activities.

Authorization for Emergency Care

In case of accident or serious illness, and the a.nu.vu program is unable to reach me, I hereby authorize the a.nu.vu program staff to contact the physician indicated on the application and to follow his/her instruction: If it is impossible to contact this physician, the a.nu.vu personnel may make arrangements necessary to provide care and treatment for my child.

In case of accident/serious illness where the immediate treatment of my child is not necessary, by he/she is unable to remain at the a.nu.vu program, personnel will contact me or arrange transportation for my child. If a.nu.vu is unable to reach me, I authorize them to contact the person indicated on the enrollment form (as emergency contact) and ask them to pick up and transport my child home.

Video/Photo Release

By signing this form, I permit a.nu.vu, event producers, sponsors, organizers and/or assigns to use pictures of my child, including video photography, digital photography, or other reproduction of the child's likeness as a program participant in promotional literature, fundraising presentations or proposals, newspaper or magazine publications or posting on a website for promotional purposes.

Trip Permission Form

I give permission for my child, _____, to participate in any a.nu.vu program trip(s) whereby his/her participation in a field trip is scheduled. I understand that I will receive advance notice of these field trips and the specific details as they relate to that event.

Transportation Liability Waiver

I/We _____, hereby waive any liability for any injury or damage that may occur arising out of transportation being provided to by a.nu.vu relating to field trips and other events.

I understand that this waiver shall be binding upon myself, my personal representatives, heirs, and assigns forever. I have read all of the above and fully understand its meaning and I have signed this waiver voluntarily.

Only a legal guardian and/or parent may register and sign this form. By signing below, I acknowledge that I understand and agree to all of the above. In addition, I certify that I and the legal guardian and/or parent of the participant.

Camper Name	Parent or Guardian's Signature	Date
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To be completed by a.nu.vu Staff Member

Date Paid: _____ Amount: _____ Initial of Staff: _____
 Circle: Cash, Check or Money Order Receipt #: _____

No refunds after child begins participating in a.nu.vu activities.