

MEDICAL INFORMATION (Please print clearly)

Child's Name: _____

Care Card #: _____

Emergency Contact:

Name: _____

Phone #: _____

Family Doctor: _____

Phone #: _____

Medical Conditions? _____

Allergies or diet restrictions?

I hereby give consent for my son/daughter
_____ to participate in all activities of the
Eagle Ridge Bible Fellowship **2016 Arts Camp**.

I hereby release Eagle Ridge Bible Fellowship and its staff and
sponsors from responsibility and liability for any injury or illness
that my child may sustain during the week's activities.

I am aware that my child's picture may be taken and used for
promotional purposes. (If this is not acceptable, check here
_____)

PARENT/GUARDIAN SIGNATURE

Date: _____

For more information about the Eagle Ridge Middle
School or Children's Ministry please call or e-mail us at
children@erbf.com

This brochure is also available on our website ERBF.com
in our Children's Ministry section.



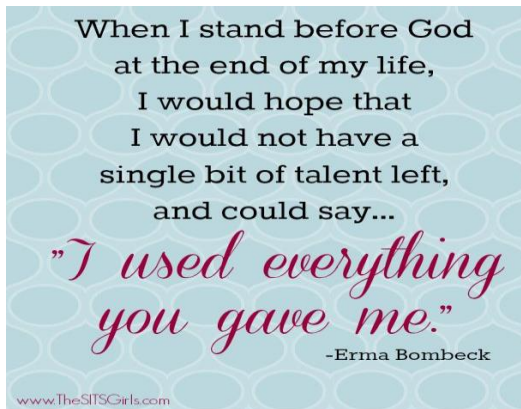
ERBF **ARTS** CAMP

AUGUST 2-5, 2016

9AM – 1230PM

GRADES 3 – 8





We are pleased to be able to bring our ARTS camp again to you this year. We wish to offer a quality arts program to kids, introducing and encouraging interest in the arts with an opportunity to be mentored by artists active in their fields. We want to celebrate the arts and offer a chance for kids in grades 3-8 to work and learn from skilled individuals in different genres.

We limit the number of kids to 20, so please register early.

Each day they will be taught 2-3 different things and the projects displayed at the end of the week and taken home.

Note: All supplies will be provided each day as well as a mid-morning snack.

This year the kids will be taught puppetry, drumming, culinary arts, sewing, paper craft, performance of magic tricks and more.

COST

\$80 FOR EACH CHILD

REGISTRATION FORM

Name: _____

First

Last

Age: _____ Birth Date ____/____/____

Parent/Guardian:

Contact Number:

Email: _____

For Office use only

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