

Messiah's Summer Kids' Week

August 6-10, 2018



Sacred Creatures & Mystical Beasts

Celebrating creative expression & spirituality
through art, stories, projects, and
interfaith learning

9:00am-12:00pm

Monday August 6 – Thursday August 9

at Church of the Messiah

6436 Montgomery Street, Rhinebeck, NY 12572

Friday August 10

at Wilcox Memorial Park, Route 199, Milan, NY 12571

open to kids ages 5-11

\$30 per child / \$45 for two children / \$60 for family

Messiah's Summer Kids' Week 2018

Sacred Creatures & Mystical Beasts

Parent information:

Registration is now open for Messiah's Summer Kids' Week 2018, *Sacred Creatures & Mystical Beasts*. Kids ages 5-11 are invited to join us in exploring spiritual expression and expressive spirituality. Our days will weave together projects, art, organized play, and storytelling from interfaith traditions as we celebrate sacred creatures and mystical beasts from around the world—and create new creatures of our own!

Our program will run 9:00am–12:00pm, and will meet Monday, August 6 through Thursday, August 9 at Church of the Messiah, and on Friday, August 10 at Wilcox Memorial Park.

Registration details can be found on the attached registration form. Scholarships are available.

Completed registration form, permission form, and registration fee may be delivered in-person to Messiah's parish office (6436 Montgomery Street, Rhinebeck), open most weeks from Monday–Friday 9:30am–1:30pm, or sent by mail to:
Church of the Messiah
P.O. Box 248
Rhinebeck, NY 12572

Questions can be directed to Messiah's Director of Family Programs, Gilda Lyons, at: [**gilda@gildalyons.com**](mailto:gilda@gildalyons.com)

Registration form for kids ages 5-11

Messiah's Summer Kids' Week 2018

Sacred Creatures & Mystical Beasts

Child's Name _____

Date of Birth _____ Grade in Sept. _____ Age _____

Parent/Guardian _____

Address _____

City, St _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact Name and Phone Number:

Special Needs/Allergies _____

Who will be picking up child from camp? _____

Registration Fee:

\$30 per child / \$45 for two children / \$60 for family

Checks can be made out to Church of the Messiah with Memo: Summer Kids' Week 2018
Scholarships are available.

Completed registration form, permission form, and registration fee may be delivered in-person to Messiah's parish office (6436 Montgomery Street, Rhinebeck), open most weeks from Monday–Friday 9:30am–1:30pm, or sent by mail to:
Church of the Messiah / P.O. Box 248 / Rhinebeck, NY 12572

Please turn over and complete Permission, Photo and Medical Release Form

Permission, Photo and Medical Release Form

Participant's Full Name: _____

Address: _____ City _____ State _____ Zip _____

Parent/Guardian Name: _____ Daytime phone _____

Parish: Church of the Messiah

Parish City/Town: Rhinebeck, NY

I give permission for _____ to participate in a day camp program sponsored by the Church of the Messiah on **Aug. 6-10, 2018**. I give my permission for him/her to engage in all activities except as noted on the back of this form. I understand that I am responsible for arranging this young person's transportation to and from the event (even if dismissed prior to the official end of the event because of unruly behavior). I understand that video production and/or photography may be conducted during the program. I grant full and irrevocable consent to the Church of the Messiah and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use the participant's photographic likeness.

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event I cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I am responsible for payment of all fees incurred.

I hereby indemnify, agree to hold harmless, and waive any claim against the Congregation named above, the Episcopal Diocese of New York, its members, representatives, officers, agents, employees, directors, and each of them for any and all past, present or future loss to property, and/or bodily injury resulting from any activities engaged.

DATE _____ SIGNATURE _____ RELATIONSHIP _____

BIRTHDATE OF MINOR _____ DATE OF LAST TETANUS SHOT _____

FAMILY PHYSICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

MEDICAL INSURANCE COMPANY _____ POLICY# _____

NAME OF POLICY HOLDER _____

ANY DRUG OR FOOD ALLERGIES _____

SPECIAL NEEDS (INCLUDING DIETARY) _____

EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____