

CAMP HOPEWELL

Academic & Performing Arts Camp

Dance ♦ Theater ♦ Music ♦ Voice

PROGRAM REGISTRATION FORM

Participant Name: _____ Age: _____

School: _____ Grade: _____

Parent or Guardian's:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Person to Call in Case of Emergency:

Name: _____ Relationship: _____

Contact Number (1) _____ Contact Number (2) _____

Please Sign Below:

I _____ parent/guardian of the named participant hereby give permission for participation in the above name program. I do hereby agree to hold harmless Hopewell Baptist Church, Project Hopewell, Inc., sponsors, organizers, instructors, supervisors, participants and the owner of the facility of any and all claims arising out of injury to the participant. Further, in the event of injury, I authorize emergency treatment which I will assume any and all financial responsibility for medial care.

I hereby authorize Camp Hopewell to photograph and publish photos taken of the above name participant, their name and likeness while engaged in program activities. I authorize use of said photographs in print, online and video-based marketing materials, as well as other company publications. I acknowledge and agree that publication of photos confers no rights of ownership or royalties whatsoever and I will not receive financial compensation of any type associated with the taking or publication of said photographs or participation in company marketing materials or other company publications.

Parent/Guardian – Printed Name

Signature

Date

Program T-Shirt Order Form – Summer Camp Only

Please indicate participant t-shirt size: Child Size _____ Adult Size _____

Project Hopewell, Inc.

P. O. Box 28066 ♦ Birmingham, Alabama 35228