

CLLC SUMMER CAMP 2022 REGISTRATION

Child's Name _____ Grade(Fall of 2022) _____

Parent's Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Allergies or medical conditions _____

\$30/session or \$100 for all 4 sessions due with registration

Make checks payable to CLLC

Please mark the dates your child will attend

June 3rd _____

June 17th _____

June 10th _____

June 24th _____

Total payment \$ _____

**** Please note that snacks and all activity supplies will be provided but
a sack lunch is parent responsibility. Camp hours are 9:00 A.M.-2:00 P.M.***

I, the undersigned, hereby release the Country Living Learning Center, Hugo United Methodist Church, and volunteers thereof, of any responsibility for injury to my child, _____, during participation in the CLLC Summer Camp. I understand that there is risk of injury and I assume and accept responsibility of that risk to my child.

Parent Signature _____ Date _____