



PERFORMANCE INITIATIVES

"Building Healthier Hearts, Minds and Bodies"

2021 Tennessee Avenue

Summer Camp 2009

June 15 – July 24

8:00am-11:30am * Monday-Friday * Ages 9-16



**Music – Arts & Crafts – Sports - Dance – Nutritional
Learning - Character Building – Movies Games –
Community Field Day– Education – Social Skills**

FUN! FUN! FUN!

\$10 Registration Fee

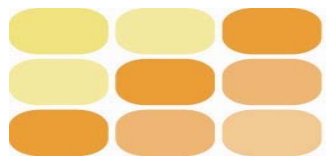
Weekly Fee Scale \$50

Scholarship applications available

25 MAXIMUM ACCEPTED

**For more information call Kerri Goodrich at 507-7106 or Come
by PI at 2021 Tennessee Avenue at the Aldersgate United
Methodist Church Family Life Center
www.performanceinitiatives.org**

Weekly Tuition _____*
PI Staff _____
* Please provide two current check stubs



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Summer Camp Registration 2009

Child's Name _____ Age _____

Address _____
Street Apt # City State Zip

Guardian _____
Name Relationship

Home Phone _____ Work _____ Cell _____

EMERGENCY CONTACT

1. _____
Name Address Phone

2. _____
Name Address Phone

MEDICAL INFORMATION

Physician _____ Phone _____

Known medical conditions, allergies, disabilities, etc.

AUTHORIZED TO PICK UP MY CHILD

Waivers, Authorizations, Consent, Agreement

Should my child suffer an illness or injury while in the care of the Performance Initiatives, Aldersgate United Methodist Church staff or volunteers, and they are not able to reach me immediately, Performance Initiatives and AUMC, its staff, volunteers, or others, are hereby authorized to take whatever actions are necessary to secure the appropriate treatment for my child. I agree to keep PI/AUMC informed of my location and contact information. I also agree to inform PI/AUMC of any of my child's medications and PI/AUMC, its staff, personnel, volunteers, or others are authorized to administer any medications that I have informed them of. PI/AUMC agrees to keep me informed of any incidents, accidents, or other matters involving my child. Performance Initiatives, Aldersgate United Methodist Church, its staff, volunteers, or others are hereby released from any liability for the medical conditions stated above, or for releasing my child to the persons I have indicated. I agree to responsibility for any and all costs incurred in the treatment of my child. I agree that payment is due on Monday, or the first day of the week my child attends, that all payments are final, and that there are no refunds. I have read and understand this waiver.

Parent or Guardian _____ Date _____ PI Staff _____ Date _____