

Camp Vivace 2015

What: Music, drama, arts and crafts

Place: Living Saviour Lutheran Church
6817 Carmel Rd.
Charlotte, NC 28226
704 542-3626

Date: July 13-17, 2015

Time: 9:00 AM-2:30 PM

Cost: \$75.00 (\$30 non-refundable deposit due at registration.
Remaining \$45 due first day of camp.)

For: Rising 2nd graders thru grade 6
Please register by Monday, July 6th

VIVACE (pronounced vi-vah'-chay) means lively and spirited in Italian. That's what our camp is sure to be! Come enjoy the week and make new friends.

On Friday evening, at 7:00 p.m. all camp participants will present a program of celebration for family and friends.

For more information, please contact Don Huff at dhuff@livingsaviourlc.org or (704) 542-3626.

Please bring a bag lunch Mon. thru Thurs.
Pizza will be provided for Friday lunch as well as drinks and snacks daily.

CAMP VIVACE 2015 REGISTRATION

Please complete a separate form for each child. Total cost: \$75. \$30 non-refundable deposit per child is due at registration; balance of \$45 due no later than first day of camp. Checks should be payable to Living Saviour —Camp Vivace.

Participant's Name _____ Age _____

2014-15 Grade _____ Address _____

City _____ State _____ Zip _____

Home Phone _____

E-Mail _____

Mother's Name _____ Work or cell # _____

Father's Name _____ Work or cell # _____

Name of Adult Responsible for Child _____

Emergency contact phone number for responsible adult _____

Medical Policy Name _____ Policy # _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Tetanus Date _____

Church and/or denominational affiliation (optional) _____

Any medical concerns we should know about?

Any allergies? What are they and how are they treated?

Is your child on any medication? Please list medications that will be brought to camp.

Are there any social or emotional concerns?

Please add any additional helpful information or comments.

How did you learn about Camp Vivace?

T-Shirt Size _____

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me (us). However, if I cannot be reached, I give my permission to the camp directors and leaders to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. Furthermore, I hereby release Living Saviour Lutheran Church, its agents and employees, from liability in connection with accident or injury.

Parent's signature _____ Date _____

Please register by July 6, 2015

Please bring a bag lunch Mon. thru Thurs. Pizza will be provided for Friday's lunch. Friday evening's participation in the musical is an essential part of the week's experience!