

# Camp Vivace 2016

**What:** Music, drama, arts and crafts

**Place:** Living Saviour Lutheran Church  
6817 Carmel Rd.  
704 542-3626

**Date:** July 11-15, 2016

**Time:** 9:00 AM-2:30 PM

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

**For:** Rising 2nd graders thru grade 6  
Please register by Tuesday, July 5th

**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](mailto:dhuff@livingsaviourlc.org) or (704) 542-3626.

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

## CAMP VIVACE 2016 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 \_\_\_\_\_

2015-16 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 Tuesday, July 5, 2016**

**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!**