



OWL Workshops & Day Camp Registration

9:00 AM – 3:00 PM

July 30 – August 3, 2018

REGISTRATION FEE: \$150 members; \$200 non-members and friends

MATERIALS: Books: \$31.00

Make check for registration fee plus materials payable to UUCC. Write RE Fund – OWL Class on the memo line. Some partial scholarships may be available. Contact Stephanie Palmer-Smith at dre@uucolumbia.org.

To Register: Complete ALL information (one form for each child) and Return to:

Director of Religious Exploration, Unitarian Universalist Congregation of Columbia, 2701 Heyward St., Columbia, SC 29205

CHECK ONE: ☐ K – 1st Grade OWL (Limited to 10 children) ☐ 4th – 6th Grade OWL (Min. enrollment – 8; max. – 15)

Child's Name _____

Child's Age _____ Birth Date _____ Entering Grade _____

Parent(s)/Guardian(s) Name(s) _____

Check One: ☐ Member of UUCC ☐ Friend of UUCC ☐ Non-member

Mailing Address _____

City/State/Zip _____

Primary phone # _____ Additional Phone # _____

E-mail _____

Please list ALL FOOD ALLERGIES (and the severity of the allergies) and dietary restrictions. _____

List/describe any medical or behavior concerns. _____

Health Insurance Provider: _____

Insurance Policy Number: _____ Responsible Party: _____

Emergency Contact (other than parent/guardian named above): _____

Telephone # _____ Relationship to child: _____

By signing below, I signify that I am the Parent/Guardian of the child named in this registration. I grant permission for my child to participate in **OWL Workshops & Day Camp** at the Unitarian Universalist Congregation of Columbia.

CHECK ONE:

☐ You may use photos of my child on the web and in print to promote OWL and UUCC.

☐ You may not use photos of my child on the web or in print to promote OWL and UUCC.

I understand UUCC accepts and teaches diversity of race, religion, class, sexual orientation and gender identity and give permission for my child to attend the OWL Workshops and Day Camp. I agree and hereby do release and hold harmless all adult supervisors, from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my child may sustain while engaged in the activity conducted. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries which may be caused by my child to the person or property of others. Should any injury occur, I grant permission for my child to receive treatment from an appropriate health care provider when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful. I also agree to pay and be responsible for all medical, hospital or other expenses which UUCC or any/all supervisors may incur as a result of securing treatment.

Signature _____

Date _____

****Attendance at Parent/Guardian and Child Orientation mandatory for enrollment.**

